

EXHIBIT 1: PROOF OF CLAIM NO. 474

4851-6607-4659.2

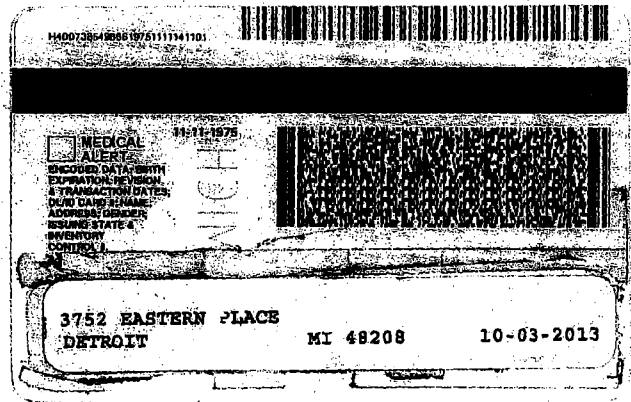
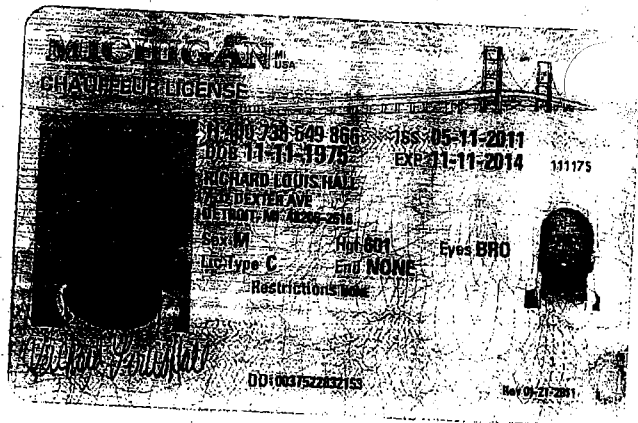
B10 (Official Form 10) (4/13) (Modified)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 RECEIVED JAN 09 2014 KURTZMAN CARSON CONSULTANTS
Name of Debtor: City of Detroit, Michigan		FILED Case Number: 13-53846
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money, or its proxy): Hall, Richard		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: NameID: 11702126 Hall, Richard 23077 Greenfield Rd. Suite 557 Southfield, MI 48075		
Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above): Richard Hall 3752 Eastern Place Detroit MI 48208		
Telephone number: 313 910 8542 email: Cookiecream852@gmail.com		
1. Amount of Claim as of Date Case Filed: <u>\$ 100,000.00</u> ONE hundred thousand		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>INJURED</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____		3a. Debtor may have scheduled account as: _____ (See instruction #3a)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. \$ _____ \$ _____		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Richard Lewis Hall</u> Title: _____ Company: _____ Address and telephone number (if different from notice address above): <u>3752 EASTERN PLACE DET MI 48208</u> <u>313 910 8542</u> <u>Cookiecream852@gmail.com</u> Telephone number: _____ email: _____		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



1353846131125134027034547





STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

August 27, 2012

Ronald K. Weiner
23077 Greenfield Rd Ste 557
Southfield, MI 48075

D/I: June 28, 2012
Re: RICHARD HALL

Dear Mr. Weiner:

The Medicaid program has conducted a search of its records for Richard Hall.

The State of Michigan will not be asserting a subrogation claim at this time; however, this does not preclude us from asserting a claim in the future. Please contact our office for an updated lien amount prior to resolution of this case. If the beneficiary has been enrolled in a Medicaid Managed Care Plan, the plan is identified below and should be contacted directly regarding its interest. Please note that Medicaid and Medicaid Managed Care Plans are separate entities; **their subrogation interests must be resolved separately.**

Thank you for your cooperation. If you have any questions, please contact our office.

Sincerely,

Third Party Liability Division
Telephone: (517) 335-8760

SM

Health Plans:
Midwest Health Plan
4700 Schaefer Rd Ste 340
Dearborn, MI 48126

FORMS
TO
THEM

CAPITOL COMMONS CENTER • PO BOX 30479 • LANSING, MICHIGAN 48909
www.michigan.gov/tpl • P 517-335-8760 • F 517-346-9876

MSA-005COL

ZAMLER, MELLEN & SHIFFMAN, P.C.

GENE ZAMLER
DONALD SHIFFMAN
RICHARD J. EHRLICH
PAUL S. ROSEN
MARGARET HOLMAN JENSEN
RONALD K. WEINER
STEVEN KARFIS
ALICE A. BUFFINGTON

ATTORNEYS AND COUNSELORS
ADVANCE BUILDING
23077 GREENFIELD ROAD
SUITE 557
SOUTHFIELD, MICHIGAN 48075

1-248-557-1155
1-800-LAWYERS
FAX (248) 552-1380
WEBSITE: WWW.ZMSPC.COM
WRITER'S DIRECT DIAL NUMBER

OF COUNSEL
MARK I. MELLEN
KARL E. NOVAK
CHAD ZAMLER
*BRAD M. ZAMLER
MARC J. LITTMAN
LISA ROTH

*MEMBER OF ILLINOIS BAR ONLY

PROOF OF REPRESENTATION

This form is used to authorize your attorney to receive information from the Centers for Medicare & Medicaid Services (CMS) and to represent you and act on your behalf with respect to your liability insurance, no-fault insurance or workers' compensation claim, including releasing identifiable health information or receiving any potential recovery claim information that Medicare may have if there is a settlement, judgment, award or other payment.

Type of Representation: Attorney

Firm Name: Zamler, Mellen & Shiffman, P.C.
Name of Attorney:
Address: 23077 Greenfield Road, Suite 557, Southfield, MI 48075
Telephone Number: 248/557-1155
Fax Number: 248/552-1380

Medicare Beneficiary Information:

Beneficiary's Name:
Beneficiary's HICN:
Beneficiary's Date of Birth:
Date of Injury:
Type of Injury:

Richard Louis Hall
Beneficiary's Signature

6-29-2012
Date

Representative's Signature

Date

CELEBRATING OVER **40** YEARS OF SERVICE
SINCE 1969

FISHER BUILDING: 3011 WEST GRAND BLVD., SUITE 406, DETROIT, MI 48202 - (313) 874-0120

TAYLOR OFFICE: HORIZON BUSINESS CENTER EAST, 20500 EUREKA, SUITE 107, TAYLOR, MI 48180 - (734) 246-7128

*Ingham County Circuit Court
30th Judicial Circuit*

P.O. BOX 40771
LANSING, MI 48901-7971
TELEPHONE: (517) 483-6500

JANELLE A. LAWLESS
Chief Circuit Judge

DAVID L. EASTERDAY
Circuit Court Administrator



SHAUNA DUNNINGS
Deputy Court Administrator /
Friend of the Court

RHONDA K. SWAYZE
Deputy Court Administrator /
General Trial Division

MAUREEN WINSLOW
Deputy Court Administrator /
Juvenile Division

November 5, 2012

RONALD A. WEINER
23077 GREENFIELD RD #557
SOUTHFIELD, MI 48075

Notice of Intention to file a Claim

RICHARD HALL

Vs

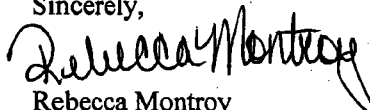
TRANSP DEPT MI

NOTICE NO. 12-011404-NOI-C30

To Whom It May Concern:

This is to acknowledge receipt of your Notice of Intention to file a claim in the above-entitled cause, filed in the Court of Claims on November 05, 2012 and assigned the above notice number.

Sincerely,


Rebecca Montroy
Court of Claims Clerk

Copies have been made and forwarded to:
Bill Schuette, Attorney General
TRANSP DEPT MI

STATE OF MICHIGAN
IN THE COURT OF CLAIMS

RICHARD HALL,

Plaintiff,

vs.

MICHIGAN DEPARTMENT OF TRANSPORTATION,

Defendant.

RONALD K. WEINER (P40706)
Attorney for Plaintiff
23077 Greenfield Rd., Ste. 557
Southfield, MI 48075
(248) 443-6567

VERIFIED NOTICE OF INTENTION TO FILE CLAIM

Claimant, RICHARD HALL, by his attorneys, ZAMLER, MELLEN & SHIFFMAN, P.C., hereby submits his Notice of Intention to File Claim against the State of Michigan Department of Transportation, and states the following:

1. Time and place where claim arose: June 28, 2012, at approximately 7:50a.m. on M-85 (Fort St.), Detroit, MI between Second Ave. and Third Ave. in front of the Detroit Free Press Building.
2. Nature of claim: Claimant walked over a steam grate (photographs attached) and hot steam burned his leg.
3. Damages sustained: Claimant sustained a severe burn to his leg requiring hospital and medical attention. He incurred medical expenses and other losses which may occur in the future.

Verified by: Richard Hall
Richard Hall, Claimant

Date: 9-28-2012

Respectfully Submitted,

Zamler, Mellen & Shiffman, P.C.



Ronald K. Weiner (P40706)
Attorney for Plaintiff
23077 Greenfield Road, Suite 557
Southfield, MI 48075
(248) 443-6567

Date: 9/28/12

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*MI. Court of Claims
 313 W. Kalamazoo
 P.O. Box 40771
 Lansing, MI 48901-7971*

2. Article Number
 (Transfer from service label) **7012 1010 0002 6652 0890**

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☒ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

A. Signature
X GLES, Inc. ☐ Agent ☐ Addressee
Authorized Agents
C. Hand

B. Received by *Printed Name* Date of Delivery

D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below: ☐ No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ZAMLER, MELLE & SHIFFMAN, P.C.
23077 GREENFIELD
ADVANCE BUILDING SUITE 557
SOUTHFIELD, MI 48075

(BKW-Richard Hall-Notice)



PRF # 62354
Case No.: 13-53846
Svc: 1

PackID: 14818
NameID: 11702126

Hall, Richard
23077 Greenfield Rd.
Suite 557
Southfield, MI 48075

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Date <u>12-31-13</u>	Date of Accident <u>June 28, 2012</u>	File Number
Applicant's Name <u>Richard Hall</u>	Home Phone Number	Business Phone Number <u>313 910 8542</u>
Address <u>3752 E Eastern Placo, Detroit, MI 48208</u>	Date of Birth <u>11-11-1975</u>	Social Security No. <u>385-66-7987</u>
Date & Time of Accident (am/pm) <u>JUNE 28 2012 7:50 A.M.</u>	Place of Incident (Exact Location) <u>on M-85 (Ford St.) Detroit, MI between 3rd Ave and 3rd St</u>	
Brief Description of Accident: <u>I walked over a street grate (photos attached) and hit stream</u>		
As a result of the incident were you injured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the rest of this form.		
Describe your injury <u>I incurred medical expenses and other losses which may occur in the future</u>		
Were you treated in a Hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Hospital's Name and Address. <u>Henry Ford 2799 W. Grand Blvd E.R. / Plastic Surgery Dept Dr. Kenneth McQuinn</u>		
Did a Doctor treat you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Doctor's Name and Address. <u>Henry Ford E.R.</u>		

I, THE UNDERSIGNED, HEREBY AUTHORIZE ANY PHYSICIAN OR NURSE WHO ATTENDED THE ABOVE NAMED, OR ANY HOSPITAL AT WHICH ABOVE NAMED HAS BEEN CONFINED, TO FURNISH THE CITY OF DETROIT LAW DEPARTMENT, WITH ANY AND ALL INFORMATION WHICH MAY BE REQUESTED REGARDING PAST PHYSICAL CONDITION AND TREATMENT RENDERED AND TO ALLOW THEM OR ANY PHYSICIAN APPOINTED BY THEM TO EXAMINE AND COPY ANY AND ALL RECORDS WHICH YOU MAY HAVE REGARDING CONDITION OR TREATMENT, INCLUDING ALCOHOL AND DRUG PART 2, IF ANY; PSYCHOLOGICAL SERVICES AND SOCIAL SERVICES RECORDS INCLUDING COMMUNICATIONS MADE TO A SOCIAL WORKER OR PSYCHOLOGIST OR PSYCHIATRIST, IF ANY; RECORDS OF COMMUNICABLE DISEASES AND SERIOUS COMMUNICABLE DISEASES AND INFECTIONS, VENEREAL DISEASE (VD), TUBERCULOSIS (TB), HEPATITIS B, HUMAN IMMUNODEFICIENCY VIRUS (HIV), ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND AIDS RELATED COMPLEX (ARC), IF ANY. YOU ARE REQUIRED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW, PA 294 OF THE PUBLIC ACTS OF 1972.

I UNDERSTAND THAT I HAVE A RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME. I UNDERSTAND THAT IF I REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND PRESENT MY WRITTEN REVOCATION TO THE ISSUER OF THE MEDICAL RELEASE. YOUR PROTECTED HEALTH INFORMATION WILL BE DISCLOSED TO ANY AGENCY INVOLVED IN THE INVESTIGATION, EVALUATION AND RESOLUTION OF YOUR MATTER AS IT RELATES TO THE CITY OF DETROIT.

I UNDERSTAND THAT INFORMATION USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND NO LONGER SUBJECT TO PRIVACY PROTECTION PROVIDED BY LAW.

X Richard Hall
NAME (Signature)

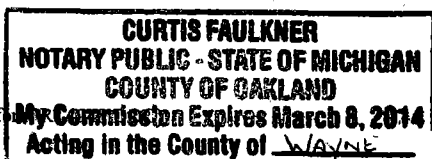
12-17-2013
DATE
11-11-1975
DATE OF BIRTH

SOCIAL SECURITY NUMBER

Subscribed and sworn to before me this
31st day of Dec, 2013.
Curtis Faulkner

Notary Public, Wayne County, Michigan

My Commission Expires: March 08, 2014



(G:\DOCS\CLAIMS\taylor\99v

MEDICARE REPORTING AFFIDAVIT AND
INDEMNIFICATION OF THE CITY OF DETROIT BY THE
CLAIMANT/PLAINTIFF

Richard Hall, being first duly sworn, deposes and says that I have filed a claim and/or lawsuit against the City of Detroit:

1. I certify under penalty of law that this Affidavit and all attachments were prepared with my knowledge and were reviewed by me. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for known violations. I hereby state under oath and subject to any penalties for perjury that the information contained in this Affidavit is true, correct and accurate.

2. I hereby understand that the City of Detroit will be relying upon this information in order to provide all of the required information to the United States Government, Department of Health and Human Services, Center for Medicare and Medicaid Services or their Medicare contractor in accordance with the Medicare, Medicaid and SCHIP Extension Act of 2007 and to be in compliance with the Medicare Secondary Payer Laws.

Circle One

3. I am currently receiving Medicare Benefits..... yes or no
4. I will be Sixty Five years old within three years..... yes or no
- 4a. I have applied for Social Security Disability Benefits..... yes or no
5. I have received a Social Security Disability Award Letter and
attached a copy hereto.....yes or no
6. Attached is a copy of my Social Security Disability Application.....yes or no
7. Attached is a copy of my Social Security denial letter and my
appeal of said denial..... yes or no

Circle One

8. I have End Stage Renal Disease.....yes or no

9. That my full name and all aliases are:

Richard Louis Hall

10. That my City of Detroit File Number is:

A32750-004969

11. That my address is:

3052 Eastern Place, Detroit 48208

12. That my Attorney's Name, Address and Contact Numbers are:

Previous Attorney Renald

Weiner Current Contact Note 12485571688

13. That my Date of Birth is:

11/11/1975

14. That my Social Security Number is:

385-66-7987

15. That my Medicare HIC Number, if applicable is:

N/A

16. That I am attaching copies of the following information:

a. Copy of the Judgmentyes or no

b. Medical Recordsyes or no

c. Specific Description of my injuries Yes Notice of Institution

to file a claim in the 30th Judicial Circuit

Circle One

17. Has anyone ever prepared for you:

- a. A Life Care Plan..... yes or no
b. Medicare Set Aside Cost Projectionsyes or no
c. Life expectancy projectionyes or no

If yes to any questions above in #17, submit a copy to the City of Detroit.

18. What specific body parts were impacted by the Injury/illness:

Right leg ✓

19. That my Gender is: Male Female

20. That the accident which gave rise to this Claim/Lawsuit occurred on:

JUNE 28, 2012 (Date) ✓

21. On N/A (Date), a Settlement or Judgement of my

Claim/Lawsuit was agreed to/rendered for the total amount of

0 Dollars (\$ 0).

22. On the date of the accident/event, did any household family member own an automobile with valid No Fault Insurance coverage.....yes or no

I, Richard Hall, HAVE READ THE ABOVE MEDICARE REPORTING AFFIDAVIT AND STATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT IN THE EVENT THAT THE CITY OF DETROIT IS HELD LIABLE DUE TO ANY MISINFORMATION OR OMISSION OF INFORMATION BY AFFIANT IN THIS AFFIDAVIT, AFFIANT SHALL INDEMNIFY, HOLD HARMLESS AND REIMBURSE THE CITY OF DETROIT FOR ALL PAYMENTS, DAMAGES, MONIES, COSTS, ATTORNEY'S FEES, EXPENSES, MEDICARE LIENS, MEDICARE DEMANDS FOR REIMBURSEMENT, MEDICARE OFFSETS, MEDICARE FINES, MEDICARE PENALTIES AND ANY MEDICARE PAYMENTS INCURRED BY THE CITY OF DETROIT RESULTING FROM SAID OMISSION OR MISINFORMATION. FURTHER, I SHALL FULLY COOPERATE WITH THE CITY OF DETROIT IN ANY DISPUTE OR MATTERS RELATED TO THIS INCIDENT INVOLVING MEDICARE AND SHALL EXECUTE ALL DOCUMENTS REQUIRED OR REQUESTED BY THE CITY OF DETROIT, MEDICARE OR ITS AGENTS THAT MAY BE REQUIRED OR NECESSARY TO RESOLVE ANY SAID DISPUTE OR MATTER.

FURTHER AFFIANT SAITH NOT.

Richard Hall
SIGNATURE OF THE CLAIMANT/PLAINTIFF

This Medicare Reporting Affidavit and Indemnification was acknowledged, subscribed and sworn to before me this 31st day of Dec, 2013, by Richard Hall, who hereby declares under penalty of perjury under the laws of the State of Michigan that he or she is authorized in fact and law to execute this Medicare Reporting Affidavit and Indemnification.

Curtis Faulkner
Notary Public, County of Wayne, State of Michigan
My Commission Expires: March 08, 2014

CURTIS FAULKNER
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF OAKLAND
My Commission Expires March 8, 2014
Acting in the County of Wayne

NOTE: SHOULD THIS RELEASE BE SIGNED BY THE CLAIMANT/PLAINTIFF OUTSIDE OF THE STATE OF MICHIGAN THAT FACT MUST BE NOTED IN THE APPROPRIATE AREA ABOVE AND THE OUT OF STATE NOTARY MUST ATTACH A CERTIFICATE OF NOTARIAL AUTHORITY FROM THE STATE HE OR SHE IS AUTHORIZED TO ACT AS A NOTARY.



36400 Woodward Ave., Ste. 130
Bloomfield Hills, MI 48304
(248) 901-0011
www.FreedlandMD.com

Michael H. Freedland, M.D., P.C.
Acknowledgement of Receipt of Notice of Privacy Information Practices

My signature on this form indicates that I have received a Notice of Privacy Information Practices.

In the event that I have questions, I have been given the name of the Privacy Officer, whose information is listed below, who will be able to answer my questions.

PRIVACY OFFICER
Donna Phillips, Business Manager
36400 Woodward Ave., Suite 130
Bloomfield Hills, MI 48304
248-901-0011

I request the following person(s) to receive information regarding my protected health information:

Name: RONALD Relation: ATTORNEY Birth Date: _____

Name: _____ Relation: _____ Birth Date: _____

Other: _____

Rechel Hall
Signature of Patient or Legal Representative

11-5-2012
Date

OFFICE USE ONLY:
Patient refused to sign consent despite a good faith effort to receive acknowledgement.

Employee Signature _____ Title _____ Date _____

MICHAEL H. FREEDLAND, M.D.

Where Medicine Meets Artistry

PLASTIC SURGERY & MEDICAL SPA

Date 11-5-2012

Patient: (Mr., Mrs., Ms., Dr.) First Name Richard M.I. L Last Name Hall Nickname Richie Rich
 Sex: ☒ Male ☐ Female Date of Birth 11-11-1975 Age 36 Social Security # 385-66-7987
 Street 6626 Hartford City Detroit State MI Zip 48210
 Home Tel.# () Business Tel.# () Ext. Cellular Tel. # 330 831 3346
 Medical Doctor Address Tel. # ()
 Referred by Employer
 Driver's Lic. # H400738549866 Nearest relative not living with you SEAN ELMS Tel. # (313) 208-8218
 Have you ever been a patient of our practice? ☐ Yes ☒ No E-mail Richard1hall756@yahoo.com
 IN CASE OF EMERGENCY, CONTACT: Name Sarah McClure Tel # H.013 680 838 (cell) W. (313) 967 4527

Health History

TO OUR PATIENTS: Health problems that you may have or medication that you may be taking could have an important interrelationship with the care that you will be receiving. Thank you for answering the following questions. Your answers are for our records only and will be considered confidential.

Reason for today's office visit: Burn Victim 2nd degree (Partial Thickness) Thickenings from Male Steam

	Yes	No
1. Are you in good health? <u>Yes</u> Height <u>6'</u> Weight <u>170 lbs</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have there been any changes in your general health in the past year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are you under the care of a physician? <u>Yes</u> Date of last visit: <u>Oct 2012</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, for what are you being treated? <u>Primary Care</u>		
4. Have you had any serious illness, operations or hospitalizations? If so, describe <u>SC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Do you have a prosthetic joint / implant?---If so, describe where	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you had a heart valve replacement or vascular graft?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

MEDICATION			WOMEN		
ARE YOU NOW TAKING....	Yes	No	ARE YOU NOW TAKING....	Yes	No
1. Any kind of medicine, drugs, or pills?		<input checked="" type="checkbox"/>	7. Is there a possibility of pregnancy?		
2. Anticoagulants?		<input checked="" type="checkbox"/>	8. Estimated delivery date? ____/____/____		
3. Diet Pills?		<input checked="" type="checkbox"/>	9. Are you nursing?		
4. Tranquilizers?		<input checked="" type="checkbox"/>	10. Are you taking birth control pills?		
5. Cortisone?		<input checked="" type="checkbox"/>			
6. Other medications (please list)		<input checked="" type="checkbox"/>			



36400 Woodward Ave., Ste.130
Bloomfield Hills, MI 48304
(248) 901-0011
www.FreedlandMD.com

Re: Richard Hall
Chart Number: 258829
DOB: 11/11/1975

HISTORY: This is a 36-year-old male presents with burn scars to his lower extremities right more than left. He reports that he is walking down the street and sustained burn on his leg from steam coming up from the street. This occurred back in June 2012. He had an interest in finding above corrective surgery.

PAST MEDICAL HISTORY: None.

SURGICAL HISTORY: None.

MEDICATIONS: None.

ALLERGIES: None.

SOCIAL HISTORY: The patient denies smoking, alcohol, and drug use.

FAMILY HISTORY: Negative for cancer, diabetes, heart disease and anesthetic problems.

REVIEW OF SYSTEMS:

Mentation: Patient is alert and oriented x 3 and does not complain of any mental status changes.

Neurosensory: Patient has no complaint of changes in sensation.

Musculoskeletal: Patient denies any muscle weakness.

Heart: Patient denies any chest pain.

Lungs: Patient denies any shortness of breath.

Gastrointestinal: Patient denies any nausea, vomiting, constipation, or diarrhea.

PHYSICAL EXAMINATION:

Neurosensory exam is within normal limits. Musculoskeletal is also within normal limits. The patient does have some irregularities associated with the burn on the right thigh is approximately 7 x 8 cm and left leg has some discoloration. He describes that he sees at times to approximately 3 x 12 cm. I explained to them that these scars are permanent and they did not have great surgical intervention for him, but I did recommend using scar cream and it may lighten the scars. He will continue to follow for now and return as needed.

HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....			HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....			HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		
	Yes	No		Yes	No		Yes	No
1 Rheumatic fever?		X	18 Blood transfusion?		X	34 Contagious diseases?		X
2 Damaged heart valves / mitral valve prolapse		X	19 Blood disorder such as anemia?		X	35 Swollen ankles, arthritis or joint disease?		X
3 Heart murmur?		X	20 Bruise easily?		X	36 Sexually transmitted disease?		X
4 High blood pressure?		X	21 Bleeding tendency (abnormal bleed?)		X	37 Problems with the immune system?		X
5 Low blood pressure?		X	22 Jaundice, hepatitis or liver disease?		X	38 Delay in healing?		X
6 Chest pain, angina?		X	23 Infectious mononucleosis?		X	39 A tumor or growth?		X
7 Heart attack(s)?		X	24 Gallbladder trouble?		X	40 X-Ray treatment / chemotherapy?		X
8 Irregular heart beat?		X	25 Fainting spells?		X	41 Chronic fatigue / night sweats?		X
9 Cardiac pacemaker?		X	26 Convulsions, epilepsy?		X	42 Are you on a diet?		X
10 Heart surgery?		X	27 Stroke?		X	43 A history of drug abuse?		X
11 Bronchitis, chronic cough?		X	28 Thyroid trouble?		X	44 A history of alcohol abuse?		X
12 Asthma?		X	29 Diabetes?		X	45 Contact lenses?		X
13 Hay fever / sinus problems?		X	30 Low blood sugar?		X	46 Eye disease / glaucoma?		X
14 Tuberculosis?		X	31 Kidney trouble?		X	47 Mental health problems?		X
15 Emphysema?		X	32 Are you on dialysis?		X	48 Malignant hyperthermia?		X
16 Difficult breathing / other lung trouble?		X	33 Stomach ulcers?		X			
17 Do you smoke?		X						

Do You Have Sleep Apnea? ☐ Yes ☒ No ☐ Not Sure Do You Have Any Acquired or Hereditary Muscle Diseases? ☐ Yes ☒ No ☐ Not Sure

ALLERGIES

ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No	ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No
1. Local anesthetics?		X	7. Other medications?		X
2. Penicillin?		X	8. Allergies other than drug allergies (please list)		X
3. Other antibiotics?		X			
4. Sodium pentothal, valium, or other tranquilizers?		X			
5. Aspirin?		X			
6. Codeine or other narcotics?		X			

ARE THERE ANY CONDITIONS CONCERNING YOUR HEALTH OF WHICH THE DOCTOR SHOULD BE AWARE? ☐ Yes ☒ No

Is there a family history of: Cancer ☐ Yes ☒ No Diabetes ☐ Yes ☒ No Heart Disease ☐ Yes ☒ No Anesthetic Problems ☐ Yes ☒ No

I understand that photos may be used and shown for research and publication purposes and I authorize release of same.

Initials:

R.L.H.

I certify that I have read and I understand the questions above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my surgeon, or any other member of his / her staff, responsible for any errors or omissions that I have made in the completion of this form.

I authorize my surgeon and his / her designated staff, to perform an examination, for the purpose of diagnosis and treatment planning. Furthermore, I authorize the taking of all x-rays required as a necessary part of this examination. In addition, if medically necessary, I authorize the release of any information acquired in the course of my examination and treatment.

Reck Hall
Signature of Patient
(Parent or Guardian if minor)

11-5-2012
Date

Witness: Reena Pekar

Doctor: [Signature]

MICHAEL H. FREEDLAND, M.D.

Patients Name

Hall, Richard

Chart #

258829

DATE

11/5/12

(R) ankle burn -

(L) disc. hand.

6/28/12

(D)

☒ Discussed Incisions and Locations

☒ Discussed Anatomy and Physiology

☒ Discussed Risks and Benefits

Wound @ this time -

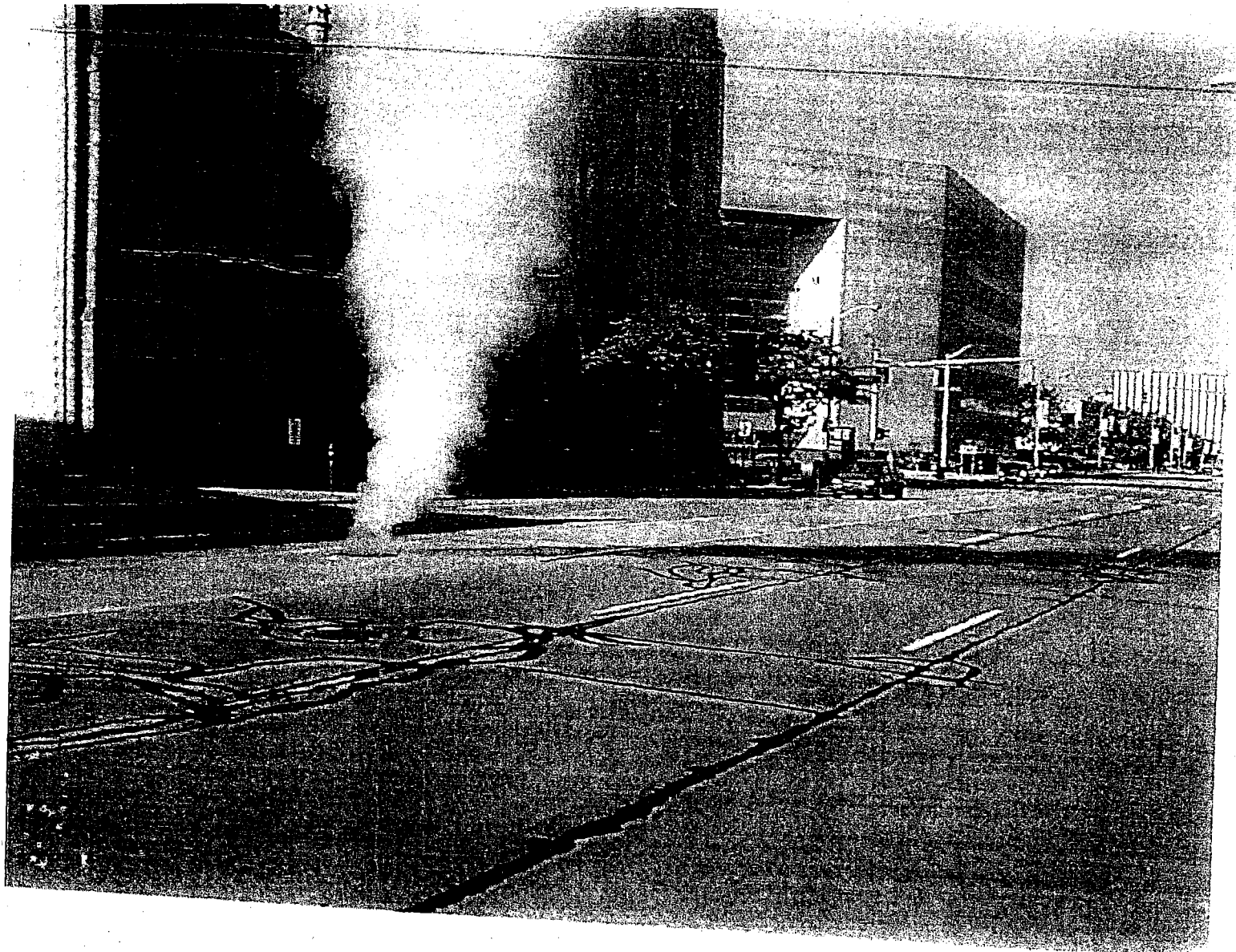
Signif. pain Oral in -

M/S intact.

MFCPT 60 min

DV - prn.

[Signature]



PHYSICIAN DOCUMENTATION SHEET

Tue Jul 03 09:16:24 EDT 2012

Henry Ford Hospital
Emergency Department
2799 W. Grand Blvd.
Detroit, MI 48202
PHONE: (313) 916-1545

MRN: 33680716**Name:** Hall, Richard L**Age:** 36**Complaint:** Burn**Arrival Time:** 06/28/2012 12:40**All Providers:** MD EM Staff Nikhil Goyal; PA David Dereczyk**Account #:** 2180**Sex:** M**DOB:** 11/11/1975**Primary Diagnosis:** Burn of ankle**Discharge Time:** 06/28/2012 14:13**HPI:**

The patient is a 36-year-old male who presents with a chief complaint of burn. Pt presents with hx of havinf been accidentally burned by hot steam while walking across a street and struck on legs with staem from sewer/manhole cover . Pt c/o pqain and blister on his rt lower leg, Seen at his school clinic and antibiotic ointmnet applied to his blistered rt leg. Pt unsure of last tt. The history was provided by the patient and CarePlus review. The burn occurred several hours ago. The burn occurred on a street. The affected area is described as blister(s). The burn was caused by a(n) steam. Localized symptoms include pain at the injury site, swelling, tenderness to touch and warmth to touch . The burn occurred while the patient was walking. There was no loss of consciousness. The patient was treated prior to arrival with antibiotics. The patient was found to be awake and alert. The patient has had the following prior evaluations: evaluation by primary care doctor.

13:43 06/28/2012 by David Dereczyk, PA

ROS:**Constitutional:** otherwise Negative**Musculoskeletal:** Positive for swelling.**Skin:** Positive for blisters and swelling.

13:43 06/28/2012 by David Dereczyk, PA

PMH:**Reviewed by:** Physician Assistant**Historian:** the patient, CarePlus review**Social History:** non-smoker, alcohol use-none, drug use-none**Travel History:** no recent foreign travel**Medical History:** none**Surgical History:** hemorrhoidectomy**Family History:** unknown**Immunization status:** tetanus less than 5 years**Special Needs:** no barriers to learning

-2-

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

13:43 06/28/2012 by David Dereczyk, PA

Home Medications:

Medications		
Medication	Dosage	Frequency
Vicodin Oral		
ibuprofen Oral		

Home Medication Verification: Verified With No Changes

13:43 06/28/2012 by David Dereczyk, PA

Physical examination:**Vital Signs:** vital signs per nurses**Constitutional:** Oriented, Alert, in NAD, alert, comfortable appearance**Extremity Exam:** NOTE - There is a 2cm x 5 cm blister across ant lower leg. No drainage. No discharge. Thw surrounding skin is erythematous.

13:43 06/28/2012 by David Dereczyk, PA

Medical Decision Making:**Differential Diagnosis:** partial thickness burn**Initial ED therapy:** analgesics, antibiotics, tetanus toxoid

13:43 06/28/2012 by David Dereczyk, PA

Reassessment:**Reassessment of symptoms:** improved

13:43 06/28/2012 by David Dereczyk, PA

Reassessment:**Reassessment of symptoms:** improved

13:43 06/28/2012 by David Dereczyk, PA

Procedures: NOTE - The burn area was cleansed with Saline and a silvadene drssing placed with sterile 4x4's.

13:43 06/28/2012 by David Dereczyk, PA

Patient disposition:**Primary Diagnosis:** burn of ankle**Patient disposition:** Disch - Home

13:43 06/28/2012 by David Dereczyk, PA

Medication disposition:

-3-

Medications				
Medication	Dosage	Frequency	Last Dose	Patient needs to:
Vicodin Oral				continue
ibuprofen Oral				continue

13:43 06/28/2012 by David Dereczyk, PA

Prescriptions:

Prescription		
Medication	Dispense	Sig Line
Norco 5 mg-325 mg Tab	#30	one to two po QID prn pain
Silvadene 1 % Topical Cream	20 GM Jar	Apply to affected area BID

13:43 06/28/2012 by David Dereczyk, PA

Return to Work/School:

Sheet is for: Hall, Richard

Was in the ED from: 06/28/2012 12:40

Until: 06/28/2012 13:43

Return Disposition: May return to school without restrictions

Return Date: 06/29/2012

13:43 06/28/2012 by David Dereczyk, PA

Discharge:**Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

Take-Home Instructions for the Patient

Patients Name: Hall, Richard L Date of Service: 06/28/2012 Medical Record Number: 33680716
Medical Provider: MD EM Staff Nikhil Goyal Primary Medical Provider: PA David Dereczyk
Primary Diagnosis: Burn of ankle Additional Diagnoses:

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To:: Hfh Emergency- Return In ____ Days

Follow-up in: 1 days

Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change

-4-

ADDITIONAL FOLLOW-UP INSTRUCTIONS 1. If you have a physician at Henry Ford Hospital, call that physicians office directly for an appointment. If you dont know your doctors telephone number, call 1-800-HENRYFORD for assistance. 2. If you dont have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physicians office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out of pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinic - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number - 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

PLEASE TAKE THIS WITH YOU WHEN YOU SEE THE DOCTOR LISTED ABOVE

burns

BURNS: You have been seen for a burn.

Burns can be divided into one of three categories:

First-degree burns. These are relatively minor burns and involve only the superficial layer of skin. The skin is red and painful without blistering. These burns usually heal without scarring. A bad sunburn is an example of a first-degree burn.

Second-degree burns. These burns are more serious and involve deeper layers of the skin. The skin is red, painful, with blisters. Scarring may result from second degree burns.

Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful. Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

Apply antibiotic ointment to the burn several times a day and cover it with a clean, dry dressing. Polysporin ointment, Silvadene cream, and Bacitracin ointment are over-the-counter antibiotic ointments that are commonly used for burn care.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

Unusual redness or swelling.

Red streaks extending from the wound.

Foul drainage or odor from the wound.

Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually

-5-

found in the groin, armpit and neck).

Fever, chills, increasing pain and / or swelling. Prescriptions Received: Norco 5 mg-325 mg Tab, Silvadene 1 % Topical Cream Discharge Instructions Received: <DXINSTRUCTION-NAMES> Drug Instructions Received:

Referral/Appointment:

Refer Patient To:: Hfh Emergency- Return In ____ Days

Follow-up in: 1 days

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change

Date/Time: 07/03/12 09:16:24 Treating MD: MD EM Staff Nikhil Goyal

Patient Signature: _____ Suffix
Number: 2180 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: _____ Date: _____

Append a Note to Discharge Instructions: Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Hfh Emergency- Return In ____ Days		1 days	

13:43 06/28/2012 by David Dereczyk, PA

Documentation completed by Mid-level Provider

13:43 06/28/2012 by David Dereczyk, PA

Chart electronically signed by Responsible Physician

15:06 06/28/2012 by Nikhil Goyal, MD EM Staff

PHYSICIAN DOCUMENTATION SHEET

Wed Jul 11 04:14:10 EDT 2012

Henry Ford Hospital
Emergency Department
2799 W. Grand Blvd.
Detroit, MI 48202
PHONE: (313) 916-1545

MRN: 33680716

Name: Hall, Richard L

Age: 36

Complaint: Burn

Arrival Time: 06/29/2012 18:07

All Providers: PA Rya Lawrence; MD EM Staff David Amponsah

Account #: 2181

Sex: M

DOB: 11/11/1975

Primary Diagnosis: Burn of lower limb

Discharge Time: 06/29/2012 20:24

HPI:

The patient is a 36-year-old male who presents with a chief complaint of burn. The history was provided by the patient and CarePlus review. The burn occurred yesterday. Pt states that he was walking across the street and was burned by the steam from a manhole cover. He was seen yesterday and blister was covered with silvadene and pt was told to return to ER today for dressing change and evaluation. He returns today. Denies any changes in sensation. The blister is still intact. no numbness, tingling or weakness of foot. DP pulse 2+.

22:01 06/29/2012 by Rya Lawrence, PA

ROS:

Constitutional: Negative for fever and chills.

Gastrointestinal: Negative for nausea and vomiting.

Skin: NOTE - burn to left leg.

22:01 06/29/2012 by Rya Lawrence, PA

PMH:

Reviewed by: Physician Assistant

Historian: the patient, CarePlus review

Social History: non-smoker, alcohol use-none, drug use-none

Travel History: no recent foreign travel

Medical History: none

Surgical History: hemorrhoidectomy

Family History: unknown

Immunization status: tetanus less than 5 years

Special Needs: no barriers to learning

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

NOTE - wrist surgery.

22:02 06/29/2012 by Rya Lawrence, PA

-2-

Home Medications:

Medications		
Medication	Dosage	Frequency
Tylenol-Codeine #3 Oral		
ibuprofen Oral		

Home Medication Verification: Verified With No Changes

20:08 06/29/2012 by Rya Lawrence, PA

Physical examination:**Vital Signs:** vital signs per nurses**Constitutional:** Oriented, Alert, in NAD**Skin normal:** NOTE - 5x11cm blister. Intact with clear fluid. slight erythema to base. Foot with normal DP pulse, normal strenght and gait.

22:04 06/29/2012 by Rya Lawrence, PA

Medical Decision Making:**Differential Diagnosis:** partial thickness burn**Amount and complexity of data:** discussion with patient, medical Records reviewed

22:04 06/29/2012 by Rya Lawrence, PA

Procedures:**Wound Recheck:****Location:** left shin**Surface:** anterior**Prior treatment:** burn care**Days ago:** 1**Reassessment:** NOTE - blister intact.**Treatment:** sterile dressing**Topical antibiotic:** Silvadene cream

22:05 06/29/2012 by Rya Lawrence, PA

Staff physician:**Teaching physician note:** I reviewed the PA's note and agree with the documented findings and plan of care without changes.

23:35 06/29/2012 by David Amponsah, MD EM Staff

Patient disposition:**Primary Diagnosis:** burn of lower limb**Patient disposition:** Disch - Home

20:11 06/29/2012 by Rya Lawrence, PA

Medication disposition:

-3-

Medications				
Medication	Dosage	Frequency	Last Dose	Patient needs to:
Tylenol-Codeine #3 Oral				continue
ibuprofen Oral				continue

20:11 06/29/2012 by Rya Lawrence, PA

Discharge:**Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

Take-Home Instructions for the Patient

Patients Name: Hall, Richard L Date of Service: 06/29/2012 Medical Record Number: 33680716
Medical Provider: MD EM Staff David Amponsah Primary Medical Provider: PA Rya Lawrence
Primary Diagnosis: Burn of lower limb Additional Diagnoses:

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To: Plastic Surgery-Main Campus/313-916-2676

take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday

ADDITIONAL FOLLOW-UP INSTRUCTIONS 1. If you have a physician at Henry Ford Hospital, call that physicians office directly for an appointment. If you dont know your doctors telephone number, call 1-800-HENRYFORD for assistance. 2. If you dont have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physicians office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out of pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinic - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number - 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

-4-

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

PLEASE TAKE THIS WITH YOU WHEN YOU SEE THE DOCTOR LISTED ABOVE

burns

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Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful. Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

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YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

Unusual redness or swelling.

Red streaks extending from the wound.

Foul drainage or odor from the wound.

Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually found in the groin, armpit and neck).

Fever, chills, increasing pain and / or swelling. Prescriptions Received: Discharge Instructions Received: <DXINSTRUCTIONNAMES> Drug Instructions Received:

Referral/Appointment:

Refer Patient To:: Plastic Surgery-Main Campus/313-916-2676

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday

-5-

Date/Time: 07/11/12 04:14:10 Treating MD: MD EM Staff David Amponsah

Patient Signature: _____ Suffix

Number: 2181 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: _____ Date: _____

Append a Note to Discharge Instructions: take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Plastic Surgery-Main Cam- pus/313-916-2676			

20:15 06/29/2012 by Rya Lawrence, PA

Documentation completed by Mid-level Provider

22:05 06/29/2012 by Rya Lawrence, PA

Chart electronically signed by Responsible Physician

23:35 06/29/2012 by David Amponsah, MD EM Staff

GENE ZAMLER
DONALD SHIFFMAN
RICHARD J. EHRLICH
PAUL S. ROSEN
MARGARET HOLMAN JENSEN
STEVEN KARFIS
ALICE A. BUFFINGTON
JAMES D. BLOOM

ZAMLER, MELLEN & SHIFFMAN, P.C.

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23077 GREENFIELD ROAD
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MARC J. LITTMAN
LISA ROTH
MARIO J. AZZOPARDI
DAVID J. WINTER
KEVIN S. OLIVER

* MEMBER OF ILLINOIS BAR ONLY

December 19, 2013

CERTIFIED MAIL
7013 1710 0001 5635 8369

Richard Hall
3752 Eastern Place
Detroit, MI 48208

Dear Mr. Hall:

This letter shall confirm the telephone conversation of December 19, 2013 with my assistant, wherein you indicated that you are unable to appear in my office to pick up the requested documents and requested that we mail same. Therefore, pursuant to your request, attached are the relevant documents from my file and the original papers which the City of Detroit sent to you.

Very truly yours,

ZAMLER, MELLEN & SHIFFMAN, P.C.

BY:

GENE ZAMLER

GZ:ca

enclosure

P.S. I have also enclosed a copy of my December 18, 2013 letter for your review.

CELEBRATING OVER **40** YEARS OF SERVICE
SINCE 1969

FISHER BUILDING: 3011 WEST GRAND BLVD., SUITE 406, DETROIT, MI 48202 - (313) 874-0120

TAYLOR OFFICE: HORIZON BUSINESS CENTER EAST, 20500 EUREKA, SUITE 107, TAYLOR, MI 48180 - (734) 246-7128

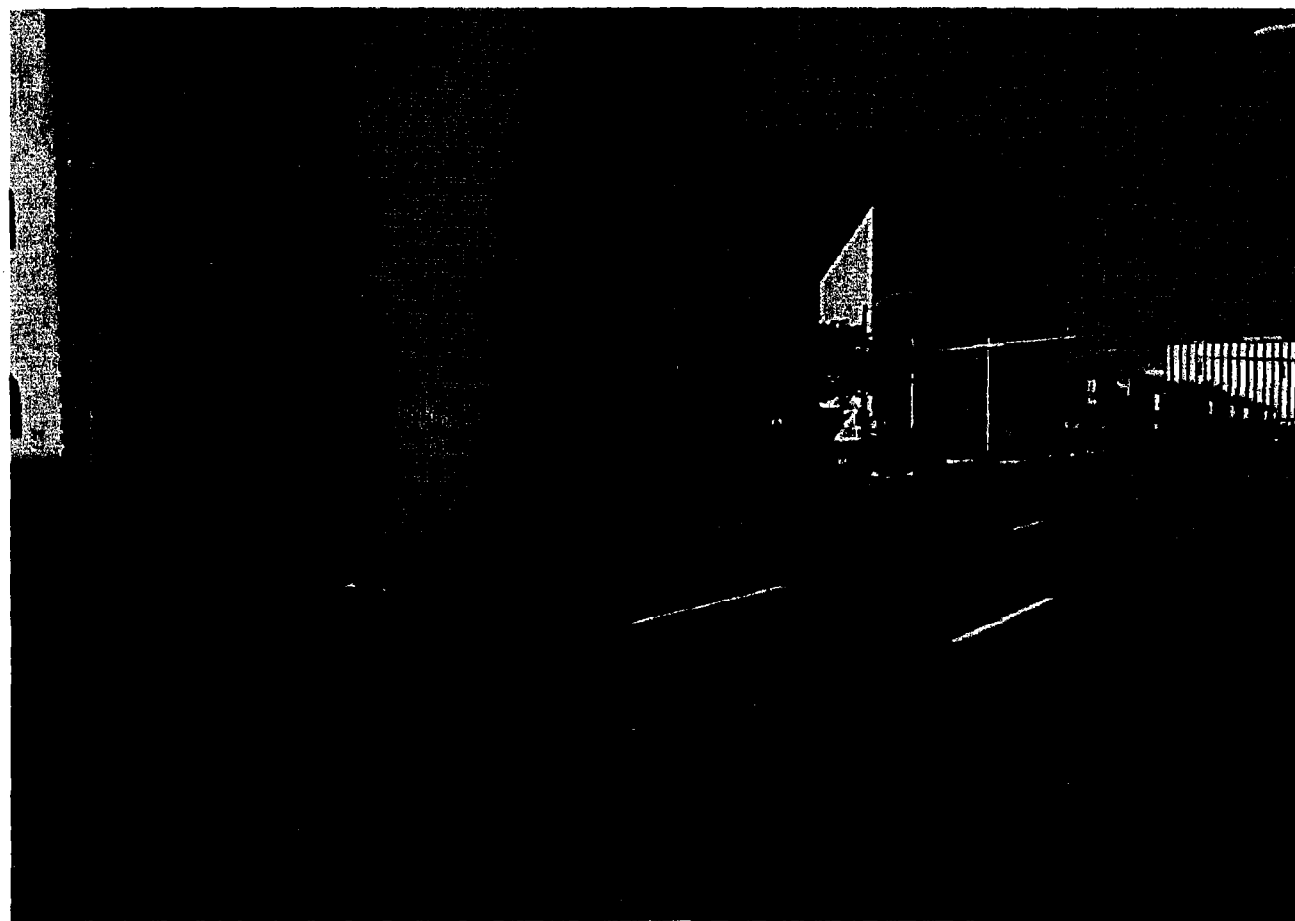
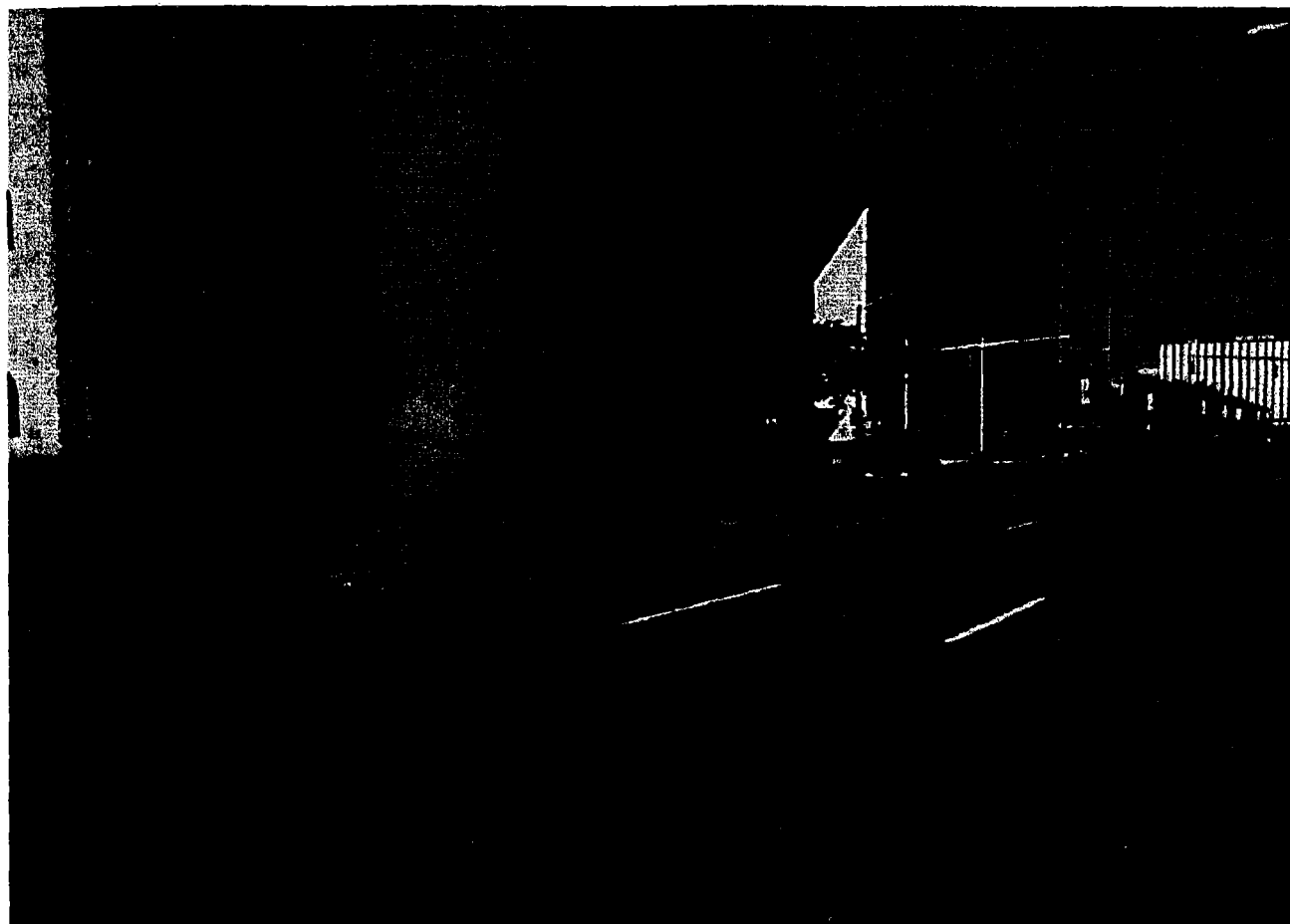




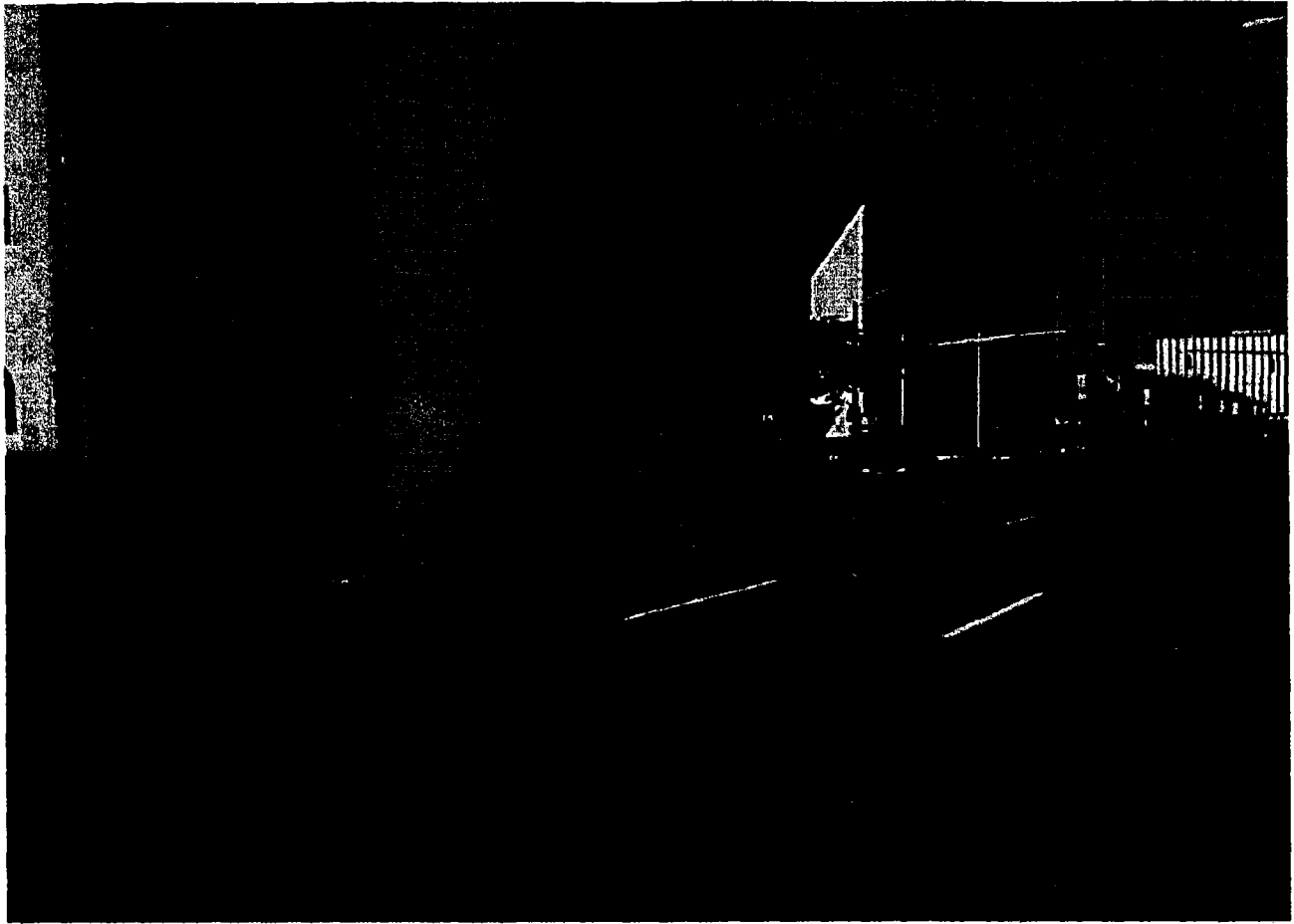
Google earth

feet
meters













11/05/2012

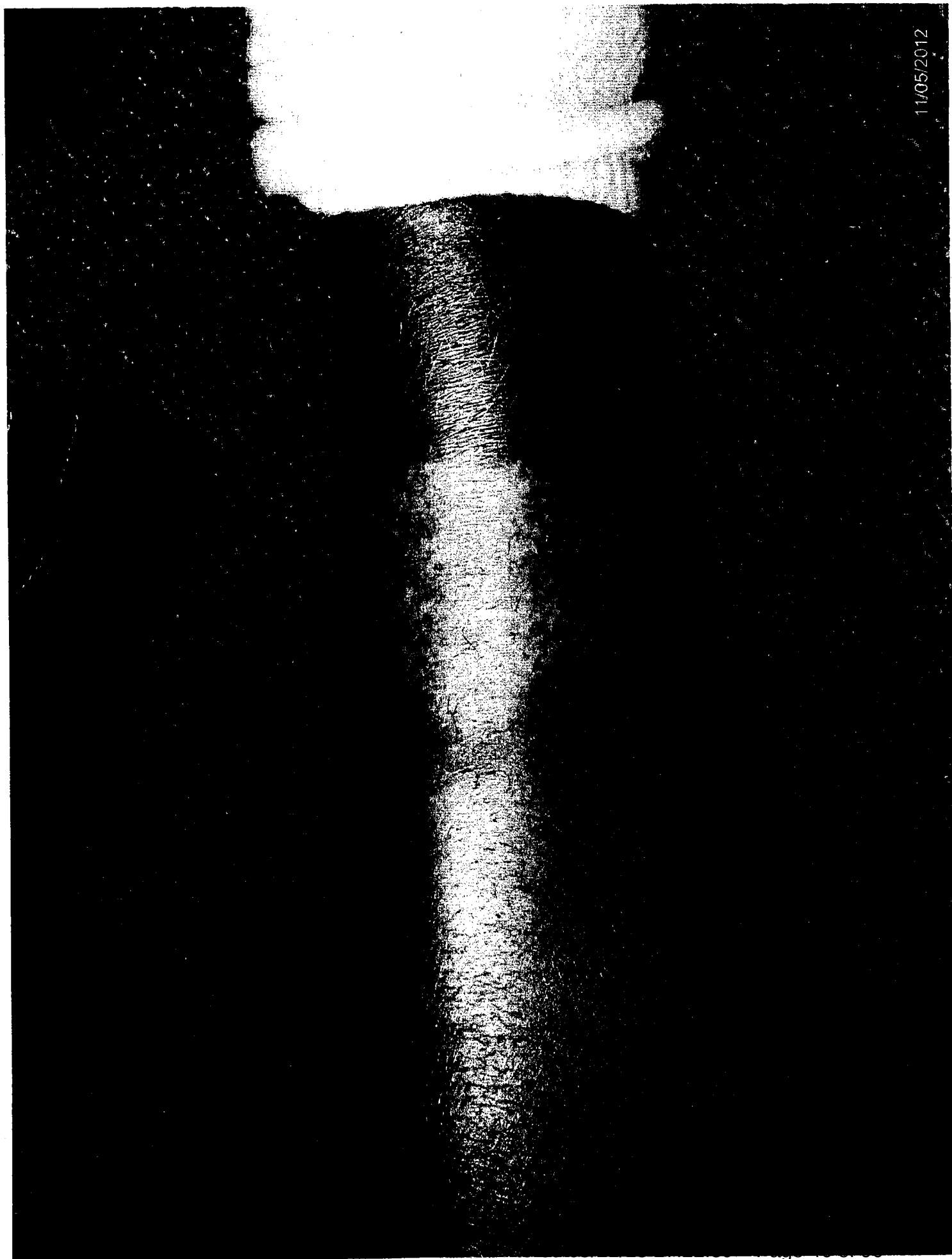
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11/05/2012

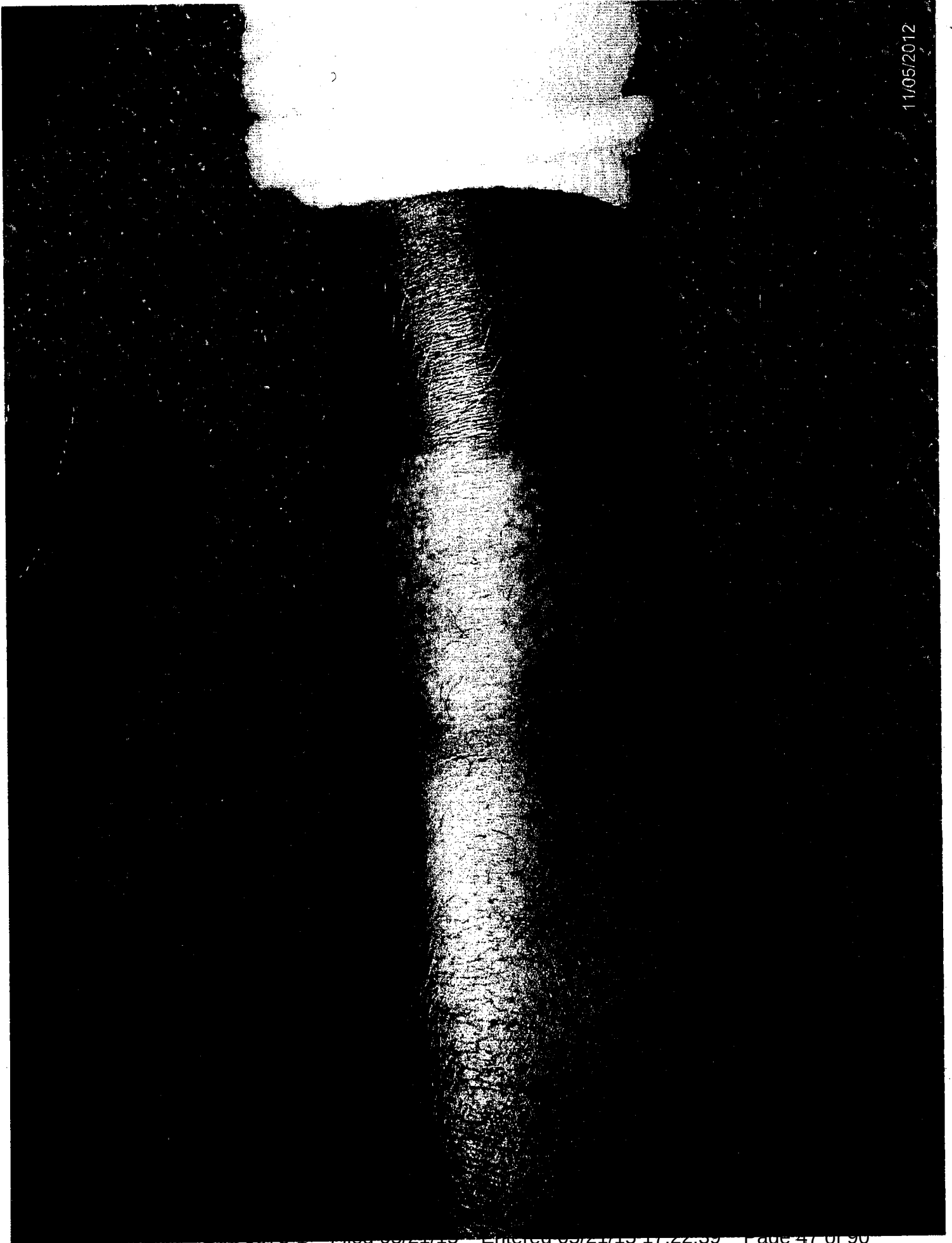
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11/05/2012

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18-00010-1 Doc 9873-1 Filed 05/21/15 Entered 05/21/15

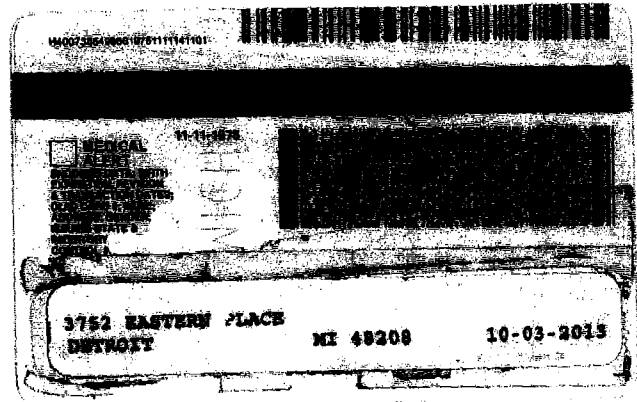
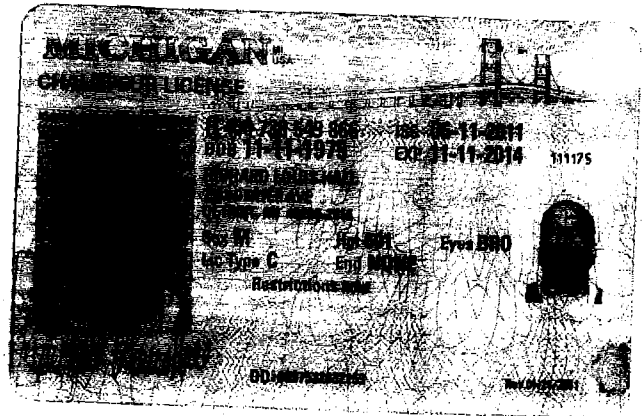
11/05/2012

11/05/2012



11/05/2012







CITY OF DETROIT
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3535
PHONE 313•224•4550
FAX 313•224•5505
WWW.DETROITMI.GOV

November 25, 2013

Ronald Weiner, Atty.
23077 Greenfield, Ste 557
Southfield, Michigan 48075

FINAL REQUEST

Claimant: Richard Hall
Claim No.: A32750-004969
DOI: 6/28/2012

Dear Mr. Weiner:

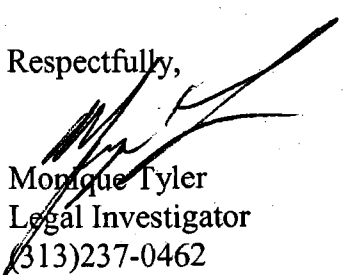
Upon review of your client's file, it was found that the City of Detroit has attempted to process your claim, but due to lack of sufficient information, we are unable to proceed. The City of Detroit Law Department Claims Division requires that all claims contain specific information for adequate processing. To assist me in my investigation of this incident, please provide the following items, these items **MUST** be included to ensure further processing of this claim:

- ◆ Medicare Affidavit
- ◆ Health Authorization

Please refer to the **File Number** which appears in the upper right corner of this letter in future communications or inquiries about this claim.

Should you have any inquiries or concerns, please do not hesitate to contact the undersigned either in writing at the address above or by calling the telephone number cited below.

Respectfully,


Monique Tyler
Legal Investigator
(313)237-0462

MT/rt

enc.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Date <u>12-31-13</u>	Date of Accident <u>June 28, 2012</u>	File Number
Applicant's Name <u>Richard Hall</u>	Home Phone Number	Business Phone Number <u>313 960 8542</u>
Address <u>3752 Eastern Pl</u> ^{Detroit MI 48208}	Date of Birth <u>11-11-1975</u>	Social Security No. <u>385-66-7987</u>
Date & Time of Accident (am/pm) <u>JUNE 28 2012 7:50 A.M.</u>	Place of Incident (Exact Location) <u>on M-85 (Fort St.) Detroit MI and 3rd Ave. in front of</u> ^{between 3rd and 4th}	
Brief Description of Accident: <u>I walked over a steam grate (photos rapus attached) and hot steam</u> ^{from}		
As a result of the incident were you injured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the rest of this form.		
Describe your injury <u>I incurred medical expenses and other losses which may occur in the future</u>		
<u>I sustained a severe burn to my leg requiring hospital and medical attention</u>		
Were you treated in a Hospital? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Hospital's Name and Address.		
<u>Henry Ford 2799 W. Grand Blvd E.R. / E</u>		
Did a Doctor treat you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Doctor's Name and Address.		
<u>Plashe Surgery Dept Dr Kenneth McQuinn</u> ^{Henry Ford E.R.}		

I, THE UNDERSIGNED, HEREBY AUTHORIZE ANY PHYSICIAN OR NURSE WHO ATTENDED THE ABOVE NAMED, OR ANY HOSPITAL AT WHICH ABOVE NAMED HAS BEEN CONFINED, TO FURNISH THE CITY OF DETROIT LAW DEPARTMENT, WITH ANY AND ALL INFORMATION WHICH MAY BE REQUESTED REGARDING PAST PHYSICAL CONDITION AND TREATMENT RENDERED AND TO ALLOW THEM OR ANY PHYSICIAN APPOINTED BY THEM TO EXAMINE AND COPY ANY AND ALL RECORDS WHICH YOU MAY HAVE REGARDING CONDITION OR TREATMENT, INCLUDING ALCOHOL AND DRUG PART 2, IF ANY; PSYCHOLOGICAL SERVICES AND SOCIAL SERVICES RECORDS INCLUDING COMMUNICATIONS MADE TO A SOCIAL WORKER OR PSYCHOLOGIST OR PSYCHIATRIST, IF ANY; RECORDS OF COMMUNICABLE DISEASES AND SERIOUS COMMUNICABLE DISEASES AND INFECTIONS, VENEREAL DISEASE (VD), TUBERCULOSIS (TB), HEPATITIS B, HUMAN IMMUNODEFICIENCY VIRUS (HIV), ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND AIDS RELATED COMPLEX (ARC), IF ANY. YOU ARE REQUIRED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW, PA 294 OF THE PUBLIC ACTS OF 1972.

I UNDERSTAND THAT I HAVE A RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME. I UNDERSTAND THAT IF I REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND PRESENT MY WRITTEN REVOCATION TO THE ISSUER OF THE MEDICAL RELEASE. YOUR PROTECTED HEALTH INFORMATION WILL BE DISCLOSED TO ANY AGENCY INVOLVED IN THE INVESTIGATION, EVALUATION AND RESOLUTION OF YOUR MATTER AS IT RELATES TO THE CITY OF DETROIT.

I UNDERSTAND THAT INFORMATION USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND NO LONGER SUBJECT TO PRIVACY PROTECTION PROVIDED BY LAW.

Richard Hall
NAME (Signature)

12-17-2013
DATE

SOCIAL SECURITY NUMBER

11-11-1975
DATE OF BIRTH

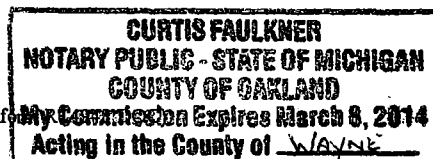
Subscribed and sworn to before me this

31st day of Dec, 2013.
Curtis Faulkner

Notary Public, Wayne County, Michigan

My Commission Expires: March 08, 2014

(G:\DOCS\CLAIMS\staylor\99\)



Ingham County Circuit Court
30th Judicial Circuit
P.O. BOX 40771
LANSING, MI 48901-7971
TELEPHONE: (517) 483-6500

JANELLE A. LAWLESS
Chief Circuit Judge

DAVID L. EASTERDAY
Circuit Court Administrator



SHAUNA DUNNINGS
Deputy Court Administrator /
Friend of the Court

RHONDA K. SWAYZE
Deputy Court Administrator /
General Trial Division

MAUREEN WINSLOW
Deputy Court Administrator /
Juvenile Division

November 5, 2012

RONALD A. WEINER
23077 GREENFIELD RD #557
SOUTHFIELD, MI 48075

Notice of Intention to file a Claim

RICHARD HALL

Vs

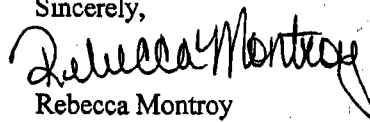
TRANSP DEPT MI

NOTICE NO. 12-011404-NOI-C30

To Whom It May Concern:

This is to acknowledge receipt of your Notice of Intention to file a claim in the above-entitled cause, filed in the Court of Claims on November 05, 2012 and assigned the above notice number.

Sincerely,


Rebecca Montroy
Court of Claims Clerk

Copies have been made and forwarded to:
Bill Schuette, Attorney General
TRANSP DEPT MI

ZAMLER, MELLEN & SHIFFMAN, P.C.

GENE ZAMLER
DONALD SHIFFMAN
RICHARD J. EHRLICH
PAUL S. ROSEN
MARGARET HOLMAN JENSEN
RONALD K. WEINER
STEVEN KARFIS
ALICE A. BUFFINGTON

ATTORNEYS AND COUNSELORS
ADVANCE BUILDING
23077 GREENFIELD ROAD
SUITE 557
SOUTHFIELD, MICHIGAN 48075

1-248-557-1155
1-800-LAWYERS
FAX (248) 552-1380
WEBSITE: WWW.ZMSPC.COM
WRITER'S DIRECT DIAL NUMBER

OF COUNSEL
MARK I. MELLEN
KARL E. NOVAK
CHAD ZAMLER
*BRAD M. ZAMLER
MARC J. LITTMAN
LISA ROTH

*MEMBER OF ILLINOIS BAR ONLY

PROOF OF REPRESENTATION

This form is used to authorize your attorney to receive information from the Centers for Medicare & Medicaid Services (CMS) and to represent you and act on your behalf with respect to your liability insurance, no-fault insurance or workers' compensation claim, including releasing identifiable health information or receiving any potential recovery claim information that Medicare may have if there is a settlement, judgment, award or other payment.

Type of Representation:

Attorney

Firm Name:

Zamler, Mellen & Shiffman, P.C.

Name of Attorney:

Address:

23077 Greenfield Road, Suite 557, Southfield, MI 48075

Telephone Number:

248/557-1155

Fax Number:

248/552-1380

Medicare Beneficiary Information:

Beneficiary's Name:

Beneficiary's HICN:

Beneficiary's Date of Birth:

Date of Injury:

Type of Injury:

Richard Louis Hall
Beneficiary's Signature

6-29-2012
Date

Representative's Signature

Date

CELEBRATING OVER **40** YEARS OF SERVICE
SINCE 1969

FISHER BUILDING: 3011 WEST GRAND BLVD., SUITE 406, DETROIT, MI 48202 - (313) 874-0120

TAYLOR OFFICE: HORIZON BUSINESS CENTER EAST, 20500 EUREKA, SUITE 107, TAYLOR, MI 48180 - (734) 246-7128

STATE OF MICHIGAN
IN THE COURT OF CLAIMS

RICHARD HALL,

Plaintiff,

vs.

MICHIGAN DEPARTMENT OF TRANSPORTATION,

Defendant.

RONALD K. WEINER (P40706)
Attorney for Plaintiff
23077 Greenfield Rd., Ste. 557
Southfield, MI 48075
(248) 443-6567

VERIFIED NOTICE OF INTENTION TO FILE CLAIM

Claimant, RICHARD HALL, by his attorneys, ZAMLER, MELLEN & SHIFFMAN, P.C., hereby submits his Notice of Intention to File Claim against the State of Michigan Department of Transportation, and states the following:


1. Time and place where claim arose: June 28, 2012, at approximately 7:50a.m. on M-85 (Fort St.), Detroit, MI between Second Ave. and Third Ave. in front of the Detroit Free Press Building.
2. Nature of claim: Claimant walked over a steam grate (photographs attached) and hot steam burned his leg.
3. Damages sustained: Claimant sustained a severe burn to his leg requiring hospital and medical attention. He incurred medical expenses and other losses which may occur in the future.

Verified by: Richard Hall
Richard Hall, Claimant

Date: 9-28-2012

Respectfully Submitted,

Zamler, Mellen & Shiffman, P.C.



Ronald K. Weiner (P40706)
Attorney for Plaintiff
23077 Greenfield Road, Suite 557
Southfield, MI 48075
(248) 443-6567

Date: 9/28/12

SENDER COMPLETE THIS SECTION

- CC: ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MI. Court of Claims
313 W. Kalamazoo
P.O. Box 40771
Lansing, MI 48901-
7471

2. Article Number
(Transfer from service label)

7012 1010 0002 6652 0890

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature

X GLES, Inc. ☐ Agent ☐ Addressee

B. Received by (Printed Name) Authorized Agents Date of Delivery

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAL SERVICE

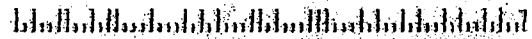


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ZAMLER, MELLEN & SHIFFMAN, P.C.
23077 GREENFIELD
ADVANCE BUILDING SUITE 557
SOUTHFIELD, MI 48075

(BKW-Richard Hall-Notice)



PRF # 62354
Case No.: 13-53846
Svc: 1

PackID: 14818
NameID: 11702126

Hall, Richard
23077 Greenfield Rd.
Suite 557
Southfield, MI 48075



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

August 27, 2012

Ronald K. Weiner
23077 Greenfield Rd Ste 557
Southfield, MI 48075

D/I: June 28, 2012
Re: RICHARD HALL

Dear Mr. Weiner:

The Medicaid program has conducted a search of its records for Richard Hall.

The State of Michigan will not be asserting a subrogation claim at this time; however, this does not preclude us from asserting a claim in the future. Please contact our office for an updated lien amount prior to resolution of this case. If the beneficiary has been enrolled in a Medicaid Managed Care Plan, the plan is identified below and should be contacted directly regarding its interest. Please note that Medicaid and Medicaid Managed Care Plans are separate entities; **their subrogation interests must be resolved separately.**

Thank you for your cooperation. If you have any questions, please contact our office.

Sincerely,

Third Party Liability Division
Telephone: (517) 335-8760

SM

Health Plans:
Midwest Health Plan
4700 Schaefer Rd Ste 340
Dearborn, MI 48126

FORMS
TO
THEM

CAPITOL COMMONS CENTER • PO BOX 30479 • LANSING, MICHIGAN 48909

www.michigan.gov/tpl • P 517-335-8760 • F 517-346-9876

MSA-005COL

**MEDICARE REPORTING AFFIDAVIT AND
INDEMNIFICATION OF THE CITY OF DETROIT BY THE
CLAIMANT/PLAINTIFF**

Richard Hall, being first duly sworn, deposes and says that I have filed a claim and/or lawsuit against the City of Detroit:

1. I certify under penalty of law that this Affidavit and all attachments were prepared with my knowledge and were reviewed by me. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for known violations. I hereby state under oath and subject to any penalties for perjury that the information contained in this Affidavit is true, correct and accurate.

2. I hereby understand that the City of Detroit will be relying upon this information in order to provide all of the required information to the United States Government, Department of Health and Human Services, Center for Medicare and Medicaid Services or their Medicare contractor in accordance with the Medicare, Medicaid and SCHIP Extension Act of 2007 and to be in compliance with the Medicare Secondary Payer Laws.

Circle One

3. I am currently receiving Medicare Benefits..... yes or no
4. I will be Sixty Five years old within three years..... yes or no
- 4a. I have applied for Social Security Disability Benefits..... yes or no
5. I have received a Social Security Disability Award Letter and
attached a copy hereto.....yes or no
6. Attached is a copy of my Social Security Disability Application.....yes or no
7. Attached is a copy of my Social Security denial letter and my
appeal of said denial..... yes or no

Circle One

8. I have End Stage Renal Disease.....yes or no

9. That my full name and all aliases are:

Richard Louis Hall

10. That my City of Detroit File Number is:

A32750-004969

11. That my address is:

3052 Eastern Place, Detroit 48208

12. That my Attorney's Name, Address and Contact Numbers are:

Previous Attorney, Renald

Weiner Cerroni Contract No# 12485571688

13. That my Date of Birth is:

11/11/1975

14. That my Social Security Number is:

385-66-7987

15. That my Medicare HIC Number, if applicable is:

N/A

16. That I am attaching copies of the following information:

a. Copy of the Judgmentyes or no

b. Medical Recordsyes or no

c. Specific Description of my injuries Yes Notice of Intention

to file a claim in the 30th Judicial Circuit

Circle One

17. Has anyone ever prepared for you:

a. A Life Care Plan..... yes or no

b. Medicare Set Aside Cost Projectionsyes or no

c. Life expectancy projectionyes or no

If yes to any questions above in #17, submit a copy to the City of Detroit.

18. What specific body parts were impacted by the Injury/illness:

Right leg ✓

19. That my Gender is: Male Female

20. That the accident which gave rise to this Claim/Lawsuit occurred on:

JUNE 28, 2012 (Date) ✓

21. On N/A (Date), a Settlement or Judgement of my

Claim/Lawsuit was agreed to/rendered for the total amount of

0 Dollars (\$ 0).

22. On the date of the accident/event, did any household family

member own an automobile with valid No Fault Insurance

coverage.....yes or no

I, Richard Hall, HAVE READ THE ABOVE MEDICARE REPORTING AFFIDAVIT AND STATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT IN THE EVENT THAT THE CITY OF DETROIT IS HELD LIABLE DUE TO ANY MISINFORMATION OR OMISSION OF INFORMATION BY AFFIANT IN THIS AFFIDAVIT, AFFIANT SHALL INDEMNIFY, HOLD HARMLESS AND REIMBURSE THE CITY OF DETROIT FOR ALL PAYMENTS, DAMAGES, MONIES, COSTS, ATTORNEY'S FEES, EXPENSES, MEDICARE LIENS, MEDICARE DEMANDS FOR REIMBURSEMENT, MEDICARE OFFSETS, MEDICARE FINES, MEDICARE PENALTIES AND ANY MEDICARE PAYMENTS INCURRED BY THE CITY OF DETROIT RESULTING FROM SAID OMISSION OR MISINFORMATION. FURTHER, I SHALL FULLY COOPERATE WITH THE CITY OF DETROIT IN ANY DISPUTE OR MATTERS RELATED TO THIS INCIDENT INVOLVING MEDICARE AND SHALL EXECUTE ALL DOCUMENTS REQUIRED OR REQUESTED BY THE CITY OF DETROIT, MEDICARE OR ITS AGENTS THAT MAY BE REQUIRED OR NECESSARY TO RESOLVE ANY SAID DISPUTE OR MATTER.

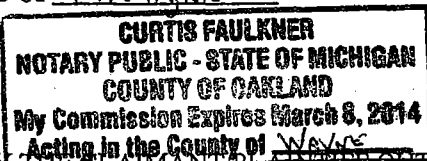
FURTHER AFFIANT SAITH NOT.

Richard Hall
SIGNATURE OF THE CLAIMANT/PLAINTIFF

This Medicare Reporting Affidavit and Indemnification was acknowledged, subscribed and sworn to before me this 31st day of Dec, 2013, by Richard Hall, who hereby declares under penalty of perjury under the laws of the State of Michigan that he or she is authorized in fact and law to execute this Medicare Reporting Affidavit and Indemnification.

Curtis Faulkner
Notary Public, County of Wayne, State of Michigan

My Commission Expires: March 08, 2014



NOTE: SHOULD THIS RELEASE BE SIGNED BY ~~THE CLAIMANT/PLAINTIFF~~ OUTSIDE OF THE STATE OF MICHIGAN THAT FACT MUST BE NOTED IN THE APPROPRIATE AREA ABOVE AND THE OUT OF STATE NOTARY MUST ATTACH A CERTIFICATE OF NOTARIAL AUTHORITY FROM THE STATE HE OR SHE IS AUTHORIZED TO ACT AS A NOTARY.



36400 Woodward Ave., Ste. 130
Bloomfield Hills, MI 48304
(248) 901-0011
www.FreedlandMD.com

Michael H. Freedland, M.D., P.C.
Acknowledgement of Receipt of Notice of Privacy Information Practices

My signature on this form indicates that I have received a Notice of Privacy Information Practices.

In the event that I have questions, I have been given the name of the Privacy Officer, whose information is listed below, who will be able to answer my questions.

PRIVACY OFFICER
Donna Phillips, Business Manager
36400 Woodward Ave., Suite 130
Bloomfield Hills, MI 48304
248-901-0011

I request the following person(s) to receive information regarding my protected health information:

Name: RONALD Relation: ATTORNEY Birth Date: _____

Name: _____ Relation: _____ Birth Date: _____

Other: _____

Rechel Hall
Signature of Patient or Legal Representative

HELENE 11-5-2012
Date

OFFICE USE ONLY:

Patient refused to sign consent despite a good faith effort to receive acknowledgement.

Employee Signature _____ Title _____ Date _____

MICHAEL H. FREEDLAND, M.D.

Where Medicine Meets Artistry™

PLASTIC SURGERY & MEDICAL SPA

Date 11-5-2012

Patient: (Mr., Mrs., Ms., Dr.) First Name Richard M.I. L Last Name Hall Nickname Richie Rich
 Sex: ☒ Male ☐ Female Date of Birth 11-11-1975 Age 36 Social Security # 385-66-7987
 Street 6626 Hartford City Detroit State MI Zip 48210
 Home Tel. # () Business Tel. # () Ext. Cellular Tel. # 330 831 3346
 Medical Doctor Address Tel. # ()
 Referred by Employer
 Driver's Lic. # H400738549866 Nearest relative not living with you SEAN EIMS Tel. # (313) 2-08-8218
 Have you ever been a patient of our practice? ☐ Yes ☒ No E-mail Richard1hall75@yahoo.com
 IN CASE OF EMERGENCY, CONTACT: Name Sarah McCune Tel # H. (313) 680-3388 (cell) W. (313) 967-4527

Health History

TO OUR PATIENTS: Health problems that you may have or medication that you may be taking could have an important interrelationship with the care that you will be receiving. Thank you for answering the following questions. Your answers are for our records only and will be considered confidential.

Reason for today's office visit: Burn Victim (2nd Degree) (Partial Thickness) to whole skin

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Are you in good health? <u>YES</u> Height <u>6'</u> Weight <u>170 lbs</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Have there been any changes in your general health in the past year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are you under the care of a physician? <u>Yes</u> Date of last visit: <u>Oct 2012</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If so, for what are you being treated? <u>Primary Care</u> | | |
| 4. Have you had any serious illness, operations or hospitalizations? If so, describe <u>2</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Do you have a prosthetic joint / implant?---If so, describe where | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you had a heart valve replacement or vascular graft? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

MEDICATION			WOMEN		
ARE YOU NOW TAKING....	Yes	No	ARE YOU NOW TAKING....	Yes	No
1. Any kind of medicine, drugs, or pills?		<input checked="" type="checkbox"/>	7. Is there a possibility of pregnancy?		
2. Anticoagulants?		<input checked="" type="checkbox"/>	8. Estimated delivery date? ____/____/____		
3. Diet Pills?		<input checked="" type="checkbox"/>	9. Are you nursing?		
4. Tranquilizers?		<input checked="" type="checkbox"/>	10. Are you taking birth control pills?		
5. Cortisone?		<input checked="" type="checkbox"/>			
6. Other medications (please list)		<input checked="" type="checkbox"/>			



36400 Woodward Ave., Ste.130
Bloomfield Hills, MI 48304
(248) 901-0011
www.FreedlandMD.com

Re: Richard Hall
Chart Number: 258829
DOB: 11/11/1975

HISTORY: This is a 36-year-old male presents with burn scars to his lower extremities right more than left. He reports that he is walking down the street and sustained burn on his leg from steam coming up from the street. This occurred back in June 2012. He had an interest in finding above corrective surgery.

PAST MEDICAL HISTORY: None.

SURGICAL HISTORY: None.

MEDICATIONS: None.

ALLERGIES: None.

SOCIAL HISTORY: The patient denies smoking, alcohol, and drug use.

FAMILY HISTORY: Negative for cancer, diabetes, heart disease and anesthetic problems.

REVIEW OF SYSTEMS:

Mentation: Patient is alert and oriented x 3 and does not complain of any mental status changes.

Neurosensory: Patient has no complaint of changes in sensation.

Musculoskeletal: Patient denies any muscle weakness.

Heart: Patient denies any chest pain.

Lungs: Patient denies any shortness of breath.

Gastrointestinal: Patient denies any nausea, vomiting, constipation, or diarrhea.

PHYSICAL EXAMINATION:

Neurosensory exam is within normal limits. Musculoskeletal is also within normal limits. The patient does have some irregularities associated with the burn on the right thigh is approximately 7 x 8 cm and left leg has some discoloration. He describes that he sees at times to approximately 3 x 12 cm. I explained to them that these scars are permanent and they did not have great surgical intervention for him, but I did recommend using scar cream and it may lighten the scars. He will continue to follow for now and return as needed.

HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No	HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No	HAVE YOU HAD OR DO YOU CURRENTLY HAVE.....		Yes	No
1	Rheumatic fever?		X	18	Blood transfusion?		X	34	Contagious diseases?		X
2	Damaged heart valves / mitral valve prolapse		X	19	Blood disorder such as anemia?		X	35	Swollen ankles, arthritis or joint disease?		X
3	Heart murmur?		X	20	Bruise easily?		X	36	Sexually transmitted disease?		X
4	High blood pressure?		X	21	Bleeding tendency (abnormal bleed?)		X	37	Problems with the immune system?		X
5	Low blood pressure?		X	22	Jaundice, hepatitis or liver disease?		X	38	Delay in healing?		X
6	Chest pain, angina?		X	23	Infectious mononucleosis?		X	39	A tumor or growth?		X
7	Heart attack(s)?		X	24	Gallbladder trouble?		X	40	X-Ray treatment / chemotherapy?		X
8	Irregular heart beat?		X	25	Fainting spells?		X	41	Chronic fatigue / night sweats?		X
9	Cardiac pacemaker?		X	26	Convulsions, epilepsy?		X	42	Are you on a diet?		X
10	Heart surgery?		X	27	Stroke?		X	43	A history of drug abuse?		X
11	Bronchitis, chronic cough?		X	28	Thyroid trouble?		X	44	A history of alcohol abuse?		X
12	Asthma?		X	29	Diabetes?		X	45	Contact lenses?		X
13	Hay fever / sinus problems?		X	30	Low blood sugar?		X	46	Eye disease / glaucoma?		X
14	Tuberculosis?		X	31	Kidney trouble?		X	47	Mental health problems?		X
15	Emphysema?		X	32	Are you on dialysis?		X	48	Malignant hyperthermia?		X
16	Difficult breathing / other lung trouble?		X	33	Stomach ulcers?		X				
17	Do you smoke?		X								

Do You Have Sleep Apnea? ☐ Yes ☒ No ☐ Not Sure Do You Have Any Acquired or Hereditary Muscle Diseases? ☐ Yes ☒ No ☐ Not Sure

ALLERGIES

ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No	ARE YOU ALLERGIC TO OR HAD A REACTION TO...	Yes	No
1. Local anesthetics?		X	7. Other medications?		X
2. Penicillin?		X	8. Allergies other than drug allergies (please list)		X
3. Other antibiotics?		X			
4. Sodium pentothal, valium, or other tranquilizers?		X			
5. Aspirin?		X			
6. Codeine or other narcotics?		X			

ARE THERE ANY CONDITIONS CONCERNING YOUR HEALTH OF WHICH THE DOCTOR SHOULD BE AWARE? ☐ Yes ☒ No

Is there a family history of: Cancer ☐ Yes ☒ No Diabetes ☐ Yes ☒ No Heart Disease ☐ Yes ☒ No Anesthetic Problems ☐ Yes ☒ No

I understand that photos may be used and shown for research and publication purposes and I authorize release of same.

Initials: R.L.H.

I certify that I have read and I understand the questions above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my surgeon, or any other member of his / her staff, responsible for any errors or omissions that I have made in the completion of this form.

I authorize my surgeon and his / her designated staff, to perform an examination, for the purpose of diagnosis and treatment planning. Furthermore, I authorize the taking of all x-rays required as a necessary part of this examination. In addition, if medically necessary, I authorize the release of any information acquired in the course of my examination and treatment.

Reck Hall
Signature of Patient
(Parent or Guardian if minor)

11-5-2012
Date

Witness: Rebecca McKay

Doctor: [Signature]

MICHAEL H. FREEDLAND, M.D.

Patients Name

Hall, Richard

Chart #

258829

DATE

11/5/12

(R) ankle burn -

(L) discolor.

6/28/12

(R)

☒ Discussed Incisions and Locations

☒ Discussed Anatomy and Physiology

☒ Discussed Risks and Benefits

Wound @ this time -

Sig. fl. pain back in time

M/S intact.

MFCPT 60min

DV - prn.

[Signature]

Michael H. Freedland, M.D.

MHF/BMB

D: 11-05-2012

T: 11-06-2012

Dictated but not read.

PHYSICIAN DOCUMENTATION SHEET

Tue Jul 03 09:16:24 EDT 2012

Henry Ford Hospital
Emergency Department
2799 W. Grand Blvd.
Detroit, MI 48202
PHONE: (313) 916-1545

MRN: 33680716**Name:** Hall, Richard L**Age:** 36**Complaint:** Burn**Arrival Time:** 06/28/2012 12:40**All Providers:** MD EM Staff Nikhil Goyal, PA David Dereczyk**Account #:** 2180**Sex:** M**DOB:** 11/11/1975**Primary Diagnosis:** Burn of ankle**Discharge Time:** 06/28/2012 14:13**HPI:**

The patient is a 36-year-old male who presents with a chief complaint of burn. Pt presents with hx of havinf been accidentally burned by hot steam while walking across a street and struck on legs with staem from sewer/manhole cover . Pt c/o pqain and blister on his rt lower leg, Seen at his school clinic and antibiotic ointmnet applied to his blistered rt leg. Pt unsure of last tt. The history was provided by the patient and CarePlus review. The burn occurred several hours ago. The burn occurred on a street. The affected area is described as blister(s). The burn was caused by a(n) steam. Localized symptoms include pain at the injury site, swelling, tenderness to touch and warmth to touch . The burn occurred while the patient was walking. There was no loss of consciousness. The patient was treated prior to arrival with antibiotics. The patient was found to be awake and alert. The patient has had the following prior evaluations: evaluation by primary care doctor.

13:43 06/28/2012 by David Dereczyk, PA

ROS:**Constitutional:** otherwise Negative**Musculoskeletal:** Positive for swelling.**Skin:** Positive for blisters and swelling.

13:43 06/28/2012 by David Dereczyk, PA

PMH:**Reviewed by:** Physician Assistant**Historian:** the patient, CarePlus review**Social History:** non-smoker, alcohol use-none, drug use-none**Travel History:** no recent foreign travel**Medical History:** none**Surgical History:** hemorrhoidectomy**Family History:** unknown**Immunization status:** tetanus less than 5 years**Special Needs:** no barriers to learning

-2-

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

13:43 06/28/2012 by David Dereczyk, PA

Home Medications:

Medications		
Medication	Dosage	Frequency
Vicodin Oral		
ibuprofen Oral		

Home Medication Verification: Verified With No Changes

13:43 06/28/2012 by David Dereczyk, PA

Physical examination:**Vital Signs:** vital signs per nurses**Constitutional:** Oriented, Alert, in NAD, alert, comfortable appearance**Extremity Exam:** NOTE - There is a 2cm x 5 cm blister across ant lower leg. No drainage. No discharge. Thw surrounding skin is erythematous.

13:43 06/28/2012 by David Dereczyk, PA

Medical Decision Making:**Differential Diagnosis:** partial thickness burn**Initial ED therapy:** analgesics, antibiotics, tetanus toxoid

13:43 06/28/2012 by David Dereczyk, PA

Reassessment:**Reassessment of symptoms:** improved

13:43 06/28/2012 by David Dereczyk, PA

Reassessment:**Reassessment of symptoms:** improved

13:43 06/28/2012 by David Dereczyk, PA

Procedures: NOTE - The burn area was cleansed with Saline and a silvadene drssing placed with sterile 4x4's.

13:43 06/28/2012 by David Dereczyk, PA

Patient disposition:**Primary Diagnosis:** burn of ankle**Patient disposition:** Disch - Home

13:43 06/28/2012 by David Dereczyk, PA

Medication disposition:

-3-

Medications				
Medication	Dosage	Frequency	Last Dose	Patient needs to:
Vicodin Oral				continue
ibuprofen Oral				continue

13:43 06/28/2012 by David Dereczyk, PA

Prescriptions:

Prescription		
Medication	Dispense	Sig Line
Norco 5 mg-325 mg Tab	#30	one to two po QID prn pain
Silvadene 1 % Topical Cream	20 GM Jar	Apply to affected area BID

13:43 06/28/2012 by David Dereczyk, PA

Return to Work/School:

Sheet is for: Hall, Richard

Was in the ED from: 06/28/2012 12:40

Until: 06/28/2012 13:43

Return Disposition: May return to school without restrictions

Return Date: 06/29/2012

13:43 06/28/2012 by David Dereczyk, PA

Discharge:**Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

Take-Home Instructions for the Patient

Patients Name: Hall, Richard L Date of Service: 06/28/2012 Medical Record Number: 33680716
Medical Provider: MD EM Staff Nikhil Goyal Primary Medical Provider: PA David Dereczyk
Primary Diagnosis: Burn of ankle Additional Diagnoses:

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To: Hfh Emergency- Return In ____ Days

Follow-up in: 1 days

Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change

-4-

ADDITIONAL FOLLOW-UP INSTRUCTIONS 1. If you have a physician at Henry Ford Hospital, call that physicians office directly for an appointment. If you dont know your doctors telephone number, call 1-800-HENRYFORD for assistance. 2. If you dont have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physicians office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out of pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinic - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number - 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

PLEASE TAKE THIS WITH YOU WHEN YOU SEE THE DOCTOR LISTED ABOVE.

burns

BURNS: You have been seen for a burn.

Burns can be divided into one of three categories:

First-degree burns. These are relatively minor burns and involve only the superficial layer of skin. The skin is red and painful without blistering. These burns usually heal without scarring. A bad sunburn is an example of a first-degree burn.

Second-degree burns. These burns are more serious and involve deeper layers of the skin. The skin is red, painful, with blisters. Scarring may result from second degree burns.

Third-degree burns. These burns involve deep layers of the skin and always result in some degree of scarring. These burns may or may not be painful. Remove old dressings daily and apply a clean dry dressing. If the dressing sticks to the wound, slightly moisten it with water. This will allow it to come off easier.

Apply antibiotic ointment to the burn several times a day and cover it with a clean, dry dressing. Polysporin ointment, Silvadene cream, and Bacitracin ointment are over-the-counter antibiotic ointments that are commonly used for burn care.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

Unusual redness or swelling.

Red streaks extending from the wound.

Foul drainage or odor from the wound.

Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually

-5-

found in the groin, armpit and neck).

Fever, chills, increasing pain and / or swelling. Prescriptions Received: Norco 5 mg-325 mg Tab, Silvadene 1 % Topical Cream Discharge Instructions Received: <DXINSTRUCTION-NAMES> Drug Instructions Received:

Referral/Appointment:

Refer Patient To: Hfh Emergency- Return In ____ Days

Follow-up in: 1 days

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change

Date/Time: 07/03/12 09:16:24 Treating MD: MD EM Staff Nikhil Goyal

Patient Signature: _____ Suffix

Number: 2180 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: _____ Date: _____

Append a Note to Discharge Instructions: Keep dressed , clean and dry. Meds as directed. Retrun tomorrow for burn recheck and dressing change.

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Hfh Emergency- Return In ____ Days		1 days	

13:43 06/28/2012 by David Dereczyk, PA

Documentation completed by Mid-level Provider

13:43 06/28/2012 by David Dereczyk, PA

Chart electronically signed by Responsible Physician

15:06 06/28/2012 by Nikhil Goyal, MD EM Staff

PHYSICIAN DOCUMENTATION SHEET

Wed Jul 11 04:14:10 EDT 2012

Henry Ford Hospital
Emergency Department
2799 W. Grand Blvd.
Detroit, MI 48202
PHONE: (313) 916-1545

MRN: 33680716**Name:** Hall, Richard L**Age:** 36**Complaint:** Burn**Arrival Time:** 06/29/2012 18:07**All Providers:** PA Rya Lawrence; MD EM Staff David Amponsah**Account #:** 2181**Sex:** M**DOB:** 11/11/1975**Primary Diagnosis:** Burn of lower limb**Discharge Time:** 06/29/2012 20:24**HPI:**

The patient is a 36-year-old male who presents with a chief complaint of burn. The history was provided by the patient and CarePlus review. The burn occurred yesterday. Pt states that he was walking across the street and was burned by the steam from a manhole cover. He was seen yesterday and blister was covered with silvadene and pt was told to return to ER today for dressing change and evaluation. He returns today. Denies any changes in sensation. The blister is still intact. no numbness, tingling or weakness of foot. DP pulse 2+.

22:01 06/29/2012 by Rya Lawrence, PA

ROS:**Constitutional:** Negative for fever and chills.**Gastrointestinal:** Negative for nausea and vomiting.**Skin:** NOTE - burn to left leg.

22:01 06/29/2012 by Rya Lawrence, PA

PMH:**Reviewed by:** Physician Assistant**Historian:** the patient, CarePlus review**Social History:** non-smoker, alcohol use-none, drug use-none**Travel History:** no recent foreign travel**Medical History:** none**Surgical History:** hemorrhoidectomy**Family History:** unknown**Immunization status:** tetanus less than 5 years**Special Needs:** no barriers to learning

Allergies		
Allergen	Allergic reaction	Allergy Note
NKDA		

NOTE - wrist surgery.

22:02 06/29/2012 by Rya Lawrence, PA

-2-

Home Medications:

Medications		
Medication	Dosage	Frequency
Tylenol-Codeine #3 Oral		
ibuprofen Oral		

Home Medication Verification: Verified With No Changes

20:08 06/29/2012 by Rya Lawrence, PA

Physical examination:**Vital Signs:** vital signs per nurses**Constitutional:** Oriented, Alert, in NAD**Skin normal:** NOTE - 5x11cm blister. Intact with clear fluid. slight erythema to base. Foot with normal DP pulse, normal strenght and gait.

22:04 06/29/2012 by Rya Lawrence, PA

Medical Decision Making:**Differential Diagnosis:** partial thickness burn**Amount and complexity of data:** discussion with patient, medical Records reviewed

22:04 06/29/2012 by Rya Lawrence, PA

Procedures:**Wound Recheck:****Location:** left shin**Surface:** anterior**Prior treatment:** burn care**Days ago:** 1**Reassessment:** NOTE - blister intact.**Treatment:** sterile dressing**Topical antibiotic:** Silvadene cream

22:05 06/29/2012 by Rya Lawrence, PA

Staff physician:**Teaching physician note:** I reviewed the PA's note and agree with the documented findings and plan of care without changes.

23:35 06/29/2012 by David Amponsah, MD EM Staff

Patient disposition:**Primary Diagnosis:** burn of lower limb**Patient disposition:** Disch - Home

20:11 06/29/2012 by Rya Lawrence, PA

Medication disposition:

-3-

Medications				
Medication	Dosage	Frequency	Last Dose	Patient needs to:
Tylenol-Codeine #3 Oral				continue
ibuprofen Oral				continue

20:11 06/29/2012 by Rya Lawrence, PA

Discharge:**Discharge Instructions:**

Henry Ford Hospital 2799 W. Grand Blvd. Detroit, MI 48202 (313) 916-1545

Take-Home Instructions for the Patient

Patients Name: Hall, Richard L Date of Service: 06/29/2012 Medical Record Number: 33680716
Medical Provider: MD EM Staff David Amponsah Primary Medical Provider: PA Rya Lawrence
Primary Diagnosis: Burn of lower limb Additional Diagnoses:

PLEASE NOTE: The examination and treatment that you have received in the Emergency Department have been rendered on an emergency basis only and are not intended to be a substitute for or an effort to provide complete medical service. A follow-up doctor or facility is named below. It is important that you be checked again as recommended below and report any new or remaining problems at that time, because it is impossible to recognize and treat all elements of injury or illness in a single Emergency Department visit.

Call to arrange an appointment to see the following physician for follow-up care. Referral: Referral/Appointment:

Refer Patient To:: Plastic Surgery-Main Campus/313-916-2676

take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday

ADDITIONAL FOLLOW-UP INSTRUCTIONS 1. If you have a physician at Henry Ford Hospital, call that physicians office directly for an appointment. If you dont know your doctors telephone number, call 1-800-HENRYFORD for assistance. 2. If you dont have a physician at Henry Ford Hospital, but would like one, contact your health insurer first to be sure they will cover your visit (telephone number is on your health card). If approved, call at 1-800-HENRYFORD for an appointment. If your health insurer will not authorize an appointment at Henry Ford Hospital ask for a physician within your health plan. 3. If you have a physician outside of Henry Ford Hospital, call your physicians office directly for an appointment. 4. If you have health insurance but no physician, call your insurance company for a referral to a physician in your health plan (telephone number is on your health card). If you are unable to get an appointment, ask which hospital emergency rooms participate in your health plan so that you will not incur any out of pocket expense should you require further care. 5. If you are uninsured, and do not have a primary care physician, you can call to schedule a follow-up appointment at one of our affiliated health care clinic - CHASS Midtown. CHASS Midtown is located at 7436 Woodward, telephone number - 313-556-9907. Hours of operation: (Wed and Fri - 8:30am - 5:00pm) and (Mon, Tues and Thu - 12:00 noon - 8:00pm). 6. If you have Medicaid or a Medicaid HMO, please call 313-876-3810 for any follow up appointments you may need with the Henry Ford Health System.

-4-

When you call for an appointment, say that you were referred from this Emergency Department. Take all papers and prescriptions (be sure to get your prescriptions filled) given to you in the Emergency Department with you when you go to see the doctor. If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

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burns

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YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

Unusual redness or swelling.
Red streaks extending from the wound.
Foul drainage or odor from the wound.
Pain with movement of the extremity and / or swollen lymph nodes (nodules that are usually found in the groin, armpit and neck).
Fever, chills, increasing pain and / or swelling. Prescriptions Received: Discharge Instructions Received: <DXINSTRUCTIONNAMES> Drug Instructions Received:

Referral/Appointment:

Refer Patient To:: Plastic Surgery-Main Campus/313-916-2676

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313.745-3449 or with plastic surgery clinic on monday or tuesday

-5-

Date/Time: 07/11/12 04:14:10 Treating MD: MD EM Staff David Amponsah

Patient Signature: _____ Suffix
Number: 2181 Medical Record Number: 33680716

I have explained the instructions and have given a copy to the patient.

Discharge Personnel Signature: _____ Date: _____

Append a Note to Discharge Instructions: take motrin or tylenol as needed for pain return to ER for signs of infection-fevers, yellow thick drainage wash area daily and remove all old silvadene cream. Apply new silvadene cream and use fresh dressing daily follow up with Burn Clinic at Detroit Receiving 313 745-3449 or with plastic surgery clinic on monday or tuesday

Referral/Appointment			
Refer Patient To:	Phone Number:	Follow-up in	Appointment Details:
Plastic Surgery-Main Campus/313-916-2676			

20:15 06/29/2012 by Rya Lawrence, PA

Documentation completed by Mid-level Provider

22:05 06/29/2012 by Rya Lawrence, PA

Chart electronically signed by Responsible Physician

23:35 06/29/2012 by David Amponsah, MD EM Staff

ZAMLER, MELLEN & SHIFFMAN, P.C.

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MARIO J. AZZOPARDI
DAVID J. WINTER
KEVIN S. OLIVER

* MEMBER OF ILLINOIS BAR ONLY

December 19, 2013

CERTIFIED MAIL
7013 1710 0001 5635 8369

Richard Hall
3752 Eastern Place
Detroit, MI 48208

Dear Mr. Hall:

This letter shall confirm the telephone conversation of December 19, 2013 with my assistant, wherein you indicated that you are unable to appear in my office to pick up the requested documents and requested that we mail same. Therefore, pursuant to your request, attached are the relevant documents from my file and the original papers which the City of Detroit sent to you.

Very truly yours,

ZAMLER, MELLEN & SHIFFMAN, P.C.

BY: 

GENE ZAMLER

GZ:ca

enclosure

P.S. I have also enclosed a copy of my December 18, 2013 letter for your review.

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SINCE 1969

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DAVID J. WINTER
KEVIN S. OLIVER

* MEMBER OF ILLINOIS BAR ONLY

December 18, 2013

Richard Hall
6626 Hartford St.
Detroit, MI 48210

COPY

Dear Mr. Hall:

You came to our office on December 17, 2013 and met with myself. You gave me some documents regarding a bankruptcy from the City of Detroit. I informed you that our office would not be filing those papers on your behalf. Our office will not be representing you in any claim against the City of Detroit.

You need to fill these papers out and file them as soon as possible. You could hire a lawyer and the lawyer could represent you in this claim against the City of Detroit. There are certain time limits and statute of limitations which, when they expire, could prevent you from ever filing a claim or getting any money from the City of Detroit or any other responsible party. Therefore, you should hire a lawyer immediately if you wish to pursue this claim.

The papers which you left at my office and a copy of the medical report and pictures will be left in my office and ready to be picked up by you, if you have not already picked them up. This was at your request as opposed to me mailing them to you.

Once again, our office has closed our file. We have nothing pending for you. We do not represent you in any case.

Very truly yours,

ZAMLER, MELLEN & SHIFFMAN, P.C.

BY: /s/
GENE ZAMLER
GZ:ca

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TAYLOR OFFICE: HORIZON BUSINESS CENTER EAST, 20500 EUREKA, SUITE 107, TAYLOR, MI 48180 - (734) 246-7128